

Kyrgyzstan

Final Country Report

January 2000

The goal of the Family Planning Service Expansion and Technical Support (SEATS) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services.

John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS Project. These include the American College of Nurse-Midwives (ACNM), AVSC International, Initiatives, Inc., the Program for Appropriate Technology in Health (PATH), World Education, and partner organizations in each country where SEATS is active.

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Table of Contents

Acronyms	iv
Acknowledgements	5
I. Executive Summary	6
II. Project Background	8
A. The Health Situation	8
B. USAID Support	9
C. The FGP Model	10
D. Available Resources	11
E. The Family Group Practice Association	12
III. Goals and Objectives	13
A. Related USAID Strategic Objectives	13
B. Project Goals and Objectives	13
C. Technical Initiatives	15
IV. Country Strategy	18
A. Partnerships with FGPA and Republican Center	18
B. Linkages with Kyrgyz Entities	18
C. Linkages to Other Donors	19
V. Implementation	20
A. Training Effort	20
B. Equipment	26
C. Educational Materials	28
D. Monitoring & Evaluation	29
VI. Accomplishments and Constraints	34
A. Accomplishments	34
B. Constraints	35
VII. Lessons Learned	36
VIII. Implications for the Future	37
Bibliography	39
Appendices	40
Appendix A: Letter of Gratitude	41
Appendix B: Trainers' Orientation Workshop Agenda	43
Appendix C: List of Contraceptive Technology Update Trainers	45

Appendix D:	Contraceptive Technology Update Agenda	46
Appendix E:	Contraceptive Technology Update Summary Statistics	48
Appendix F:	IUD Training Course Agenda	49
Appendix G:	IUD Training Course Participants.....	50
Appendix H:	Equipment Distribution List	51
Appendix I:	IEC Distribution List.....	52
Appendix J:	Reproductive Health Training Resource Centers.....	54
Appendix K:	Monitoring & Evaluation Results Tables - Client Exit Interview.....	55
Appendix K:	Monitoring and Evaluation Results Tables - Provider Survey	59
Appendix K:	Monitoring and Evaluation Results Tables - Counseling Observation.....	61
Appendix L:	Contact List.....	64

List of Tables

Table 1. Number of FGPs Affected by SEATS Activity	14
Table 2. FGP CTU Training Summary	23
Table 3. CTU-Trained FGP Providers by Specialty	23
Table 4. Equipment Type and Source	27
Table 5. Equipment Distribution by Oblast	28

List of Charts

Chart 1. Woman has Right to Choose Family Planning Method	16
Chart 2. Clients Reported Receiving Information about Methods of Contraceptives	16
Chart 3. Type of FGP Provider Trained	20
Chart 4. CTU Pre- & Post-test Results.	24

List of Figures

Figure 1. View of Bishkek.	7
Figure 2. Map of Kyrgyzstan.....	8
Figure 3. FGP in Talas Oblast	10
Figure 4. FGP Providers in Talas Oblast.	17
Figure 5. Training Course in Chui Oblast.....	22
Figure 6. Educational Materials on Display at an FGP.....	28
Figure 7. Record Keeping at an FGP.....	29
Figure 8. Road in Kyrgyzstan.....	38

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
AVSC	AVSC International
CAR	Central Asian Republics
CTU	Contraceptive Technology Update
DHS	Demographic Health Survey
ENI	Europe, Newly Independent States
FGP	Family Group Practice
FGPA	Family Group Practice Association
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHPIEGO	JHPIEGO Corporation
JHU/CCP	Johns Hopkins University/Center for Communication Programs
PATH	Program for Appropriate Technology in Health
SEATS	Service Expansion and Technical Support Project
SO	Strategic Objective
SOMARC	Social Marketing for Change
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
WRA	Women of Reproductive Age

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The SEATS Project expresses our warmest appreciation and congratulations to our Kyrgyz partners who were tirelessly devoted to the implementation of the project. Dr. Tulegen Chubakov, Director of the Republican Center for Continuing Education, provided close collaboration and leadership throughout the project. Dr. Ainagoul Isakova, Director of the Family Group Practice Association, and her staff were instrumental in the implementation of all aspects of the SEATS Project. Their knowledge and determination were vital to the project's success.

The 31 Contraceptive Technology Update Trainers deserve special recognition for taking on the arduous task of training 1,254 Family Group Practice (FGP) doctors in 8 months. They proved themselves highly professional and dedicated to sharing their knowledge with the FGP practitioners.

The SEATS Project recognizes its talented and devoted local staff: Ms. Noorgoul Seitkazieva, Program Coordinator; Mr. Kamchybek 'Kuba' Shermatov, Equipment Distribution Specialist and Driver; and Ms. Gulnara Ashirbaeva, Program Assistant. Without their skillful implementation of the project activities, the SEATS Project could never have achieved such success in only 18 months.

For the design, implementation, and management of the SEATS Project in Kyrgyzstan, essential support was provided by key SEATS staff including: Mr. David O'Brien and Dr. Nilgun Kircalioglu, Co-Regional Directors for Asia/Near East; Ms. Siana Tackett, Country Coordinator for Kyrgyzstan; and Ms. Alison Leo, Program Associate for Kyrgyzstan. Important contributions were made by: Dr. Laurel Cappa, SEATS Deputy Director; SEATS Senior Technical Advisors Ms. Asta-Marie Kenney and Mr. Timothy Williams; and Ms. Joan Haffey of PATH. Many thanks also go to Ms. Siana Tackett for providing the location photography contained herein.

I. EXECUTIVE SUMMARY

Kyrgyzstan has undergone tremendous political and social upheaval since the breakup of the former Soviet Union. Despite being considered the most democratic and reform-oriented country in Central Asia, the transition to a market-based economy continues to be a difficult adjustment for Kyrgyzstan. One of the sectors of society most affected by the transition and that directly impacts the population is health care. Kyrgyzstan has boldly moved forward with health care reform and reorganized the former vertically structured system of specialists and polyclinics into “family group practices” (FGPs) as a means to increase availability of comprehensive primary health care to the population. During the transition, women’s reproductive health was one aspect of primary health care identified as particularly weak by the Ministry of Health.

The United States Agency for International Development Central Asian Republics Mission (USAID/CAR) designated the Family Planning Service Expansion and Technical Support (SEATS) Project, implemented by John Snow, Inc., to assist with ensuring the provision of quality reproductive health services through FGPs in Kyrgyzstan and strengthening the Family Group Practice Association (FGPA).

The objectives of the SEATS Project in Kyrgyzstan were to establish the capacity for and provision of quality reproductive health/family planning services in no less than 375 FGPs and to strengthen the FGPA by further defining and enhancing the role of the association as a technical and professional resource for FGPs.

SEATS exceeded project expectations by improving services through reproductive health training, client and provider education materials, and equipment provision at 434 FGPs. These FGPs now have the capability to provide high quality reproductive health and family planning services to clients. Furthermore, SEATS demonstrated the feasibility of integrating quality reproductive health services into the regular service delivery of internists and pediatricians. A replicable model for effective, large-scale training for the integration of these new services into FGPs was established. Full training capability is in place at the Republican Center for Continuing Education via its subdivision, the Family Medicine Excellence Center. The FGPA was strengthened as a professional resource and technical clearinghouse for FGPs through the distribution of large quantities of reproductive health materials and equipment.

SEATS activity resulted in improved FGP provider competence with a 40% increase in the level of knowledge of contraceptive technology. The FGP physicians’ recognition of a woman’s right to choose her method of contraception nearly doubled, from 45% to 88%. The number of clients who reported receiving information on various methods of contraception from their FGP provider increased dramatically from 67% to 90%.

The SEATS Project achieved remarkable success through intense activity in a mere 18 months and was recognized by the Minister of Health as having made a significant contribution to health care reform and the development of family medicine in Kyrgyzstan. Notwithstanding the important progress made by the Ministry of Health in

collaboration with the SEATS Project, there remains a great deal of work to ensure quality reproductive health/family planning services at all 870 FGPs in Kyrgyzstan and subsequently to build upon this foundation of basic reproductive health/family planning capability to develop higher level services necessary for a comprehensive reproductive health care program.

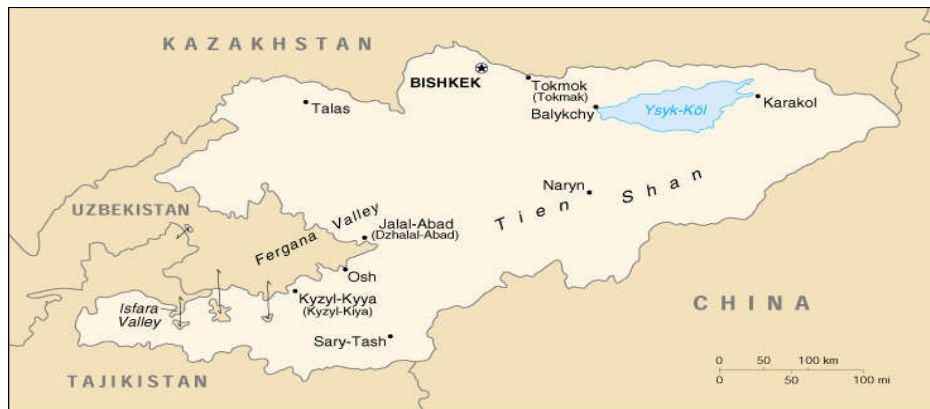
Figure 1. View of Bishkek.



II. PROJECT BACKGROUND

Kyrgyzstan, one of the first republics to declare independence from the former Soviet Union in 1991, is a small, poor, mountainous country located in Central Asia, which shares borders with Kazakhstan, Uzbekistan, Tajikistan, and China. Generally speaking, Kyrgyzstan is considered to be the most democratic and reform-oriented country in Central Asia and is the first of the former Soviet republics to be accepted into the World Trade Organization. Unlike some of its neighbors, Kyrgyzstan is a resource-poor country with limited exports. Kyrgyzstan, like the other former Soviet republics, is struggling in this difficult time of transition to a demand-based economy. Kyrgyzstan's population is approximately 4.6 million with 60 percent ethnic Kyrgyz, 15 percent Russian, and 14 percent Uzbek.

Figure 2. Map of Kyrgyzstan



A. *The Health Situation*

According to the 1997 Demographic and Health Survey (DHS), the Ministry of Health's family planning and reproductive health goals are to ensure low-risk pregnancies and safe motherhood, to reduce complications due to inadequately spaced pregnancies, and to reduce pregnancy complications and extra genital diseases among women of reproductive age (WRA).

As reported by the DHS, the total fertility rate is 3.4 children per woman. Women continue to rely on abortion as a method of fertility regulation. The total abortion rate is 1.6 abortions per woman. The prevalence of modern contraceptive use for all WRA is 35.3 percent and 48.9 percent for married women. The intrauterine device (IUD) is overwhelmingly the most popular modern contraceptive method, with 78.2 percent of women who use a modern contraceptive method choosing the IUD. Awareness of family planning methods is high among currently married women with 99.8 percent of women having knowledge of a modern contraceptive method.

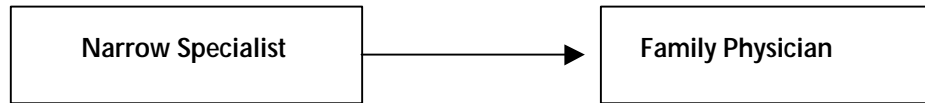
Additional analysis conducted by Demographic and Health Surveys of Macro International, Inc. (Westoff 1998) indicates that there is ample evidence demonstrating that the reduction in abortion rates since 1991 (as reported by the Ministry of Health) is directly related to the increase in, access to, and use of contraception. The study emphasizes the potential for continued increase in contraceptive use by increasing access to modern contraceptive methods to further reduce unmet need. According to the Westoff study, to further reduce abortion rates it will be necessary to focus on the reduction of contraceptive failure rates due to incorrect use. Improved family planning counseling is an effective means of reducing contraceptive failure rates.

B. USAID Support

To substantially increase access to quality reproductive health services in Kyrgyzstan, the United States Agency for International Development/Central Asian Republics (USAID/CAR) supplemented its support of health reform by providing funding to the Service Expansion and Technical Support (SEATS) II Project in 1998 to improve access to quality reproductive health services at the primary health care level. The ultimate purpose of SEATS activity was to increase knowledge and access to modern contraceptives and thereby reduce both unmet need and use of abortion as a means of fertility regulation. Since 1993, USAID/CAR has contributed significantly to family planning and reproductive health services through the provision of technical assistance in clinical and counseling skills, training capacity, family planning advocacy via print and mass media, the development of family planning service delivery guidelines, and the provision of contraceptives through commercial outlets. SEATS built upon previous donor activity to consolidate the gains achieved by other reproductive health activity in Kyrgyzstan and make these improvements more accessible to clients served by the reformed public sector primary care facilities: Family Group Practices (FGP).

USAID/CAR strongly supports both health reform and reproductive health in Kyrgyzstan and the other Central Asian Republics. Abt Associates was responsible for the implementation of USAID and World Bank health reform efforts in Issyk-Kul, Chui, Osh and Djalal-Abad Oblasts and Bishkek. Polyclinics and service providers reorganized into family practices and physicians are in the retraining process to receive general training on a broad range of subjects to prepare them to serve families. Despite the retraining process, Ministry of Health officials reported that reproductive health continued to be the weakest technical area for FGP service providers. The broad, general nature of the first cycle of retraining did not allow for hands-on, case-management training critical to the acquisition of clinical skills or client-oriented skills such as counseling.

C. *The FGP Model*



The FGP model represents a transition from a curative health care system with many highly specialized physicians and clinics, which often required a patient to visit several locations, each with variable levels of equipment, supplies, and staffing for comprehensive care. Under the new system, outpatient facilities and service providers were reorganized into primary care/family group practices, typically including three physicians (a pediatrician, internist, and gynecologist) who are being retrained in a broad range of primary care medicine and equipped to provide comprehensive primary health care.

Figure 3. FGP in Talas Oblast



As the FGP model is implemented, a great deal of training is needed in the broad range of primary care topics. To reorient the current specialist physicians, an in-service training plan is being implemented.¹ After the successful completion of the retraining, the provider becomes certified as a family practitioner. The original retraining plan included approximately 9-12 hours of lectures on family planning, little practical hands-on family planning training and no counseling training. To complicate matters, when the SEATS Project began, each oblast was at a different point in the retraining program.

Therefore, in each oblast the providers had a different level of gynecological and reproductive health knowledge when the SEATS Project began.

For example, in Bishkek, Chui, and Issyk-Kul Oblasts, all FGP physicians completed the first phase of retraining cycles in January 1999. Thus, these regions began the SEATS training with a basic gynecological and reproductive health foundation as some time was devoted to these issues in the first retraining phase. However, in Naryn and Talas Oblasts, there were no plans to retrain FGP staff until at least the year 2000 due to a lack of resources. However, both Talas and Naryn received the SEATS reproductive health training course in July and August 1999 with virtually no gynecological background.

¹ The in-service retraining plan includes two one-year phases of training each consisting of a series of four training cycles, which last three weeks each.

D. Available Resources

The Obstetrics and Gynecology Department of the National Medical Academy, with technical support from JHPIEGO/International Planned Parenthood Federation (IPPF), published a Ministry of Health-approved five-day reproductive health curriculum, including a trainer's guide and student's handbook on family planning. These materials include primarily pre-service family planning/reproductive health training courses for general practice medical students, gynecologists, nurses, and midwives. The SEATS Project adapted the national family planning curriculum to meet the needs of the future family practitioners rather than the highly specialized gynecologists for which it was originally developed.

Prior to SEATS intervention, the newly established FGPs possessed various levels of equipment and supplies with which to provide comprehensive family care. In Issyk-Kul Oblast where the FGP model was piloted, FGPs were generally well equipped though there remained a considerable lack of basic equipment for reproductive health care. In Bishkek and Chui Oblast, the World Bank Project provided various pieces of equipment but the coverage was not comprehensive and the equipment selected did not meet the reproductive health needs of the FGPs. The Asian Development Bank (ADB) and the United Nations Population Fund (UNFPA) were committed to equipping FGPs in Osh and Djalal-Abad Oblasts when the SEATS Project began. However, when the SEATS Project ended the equipment from ADB and UNFPA had yet to be provided. One of the explicit assumptions of the USAID/CAR/SEATS scope of work was that the other donors were committed to providing equipment, which SEATS would complement. The timing of these arrangements posed planning challenges. As part of the SEATS Project, equipment needs were identified, procured, and distributed to targeted FGPs throughout the country. Two-thirds of all FGPs were fully equipped with basic reproductive health equipment as part of the SEATS Project.

At the start of the SEATS Project, availability of technical materials to support service provision for both providers and clients was inconsistent at best. Client materials and counseling aids had been developed by a wide variety of agencies including Johns' Hopkins University Population Communication Services (JHU/CCP), International Planned Parenthood Federation (IPPF), Social Marketing for Change (SOMARC), Family Health International (FHI), and UNFPA/AVSC International (AVSC). However, stocks of these materials were, for the most part, exhausted and rarely available for clients or service providers at FGPs. Providers also lacked convenient technical materials; those that were available were usually converted into educational poster-type presentations, known as family planning corners, in clinic corridors. Training materials and equipment were also in short supply throughout the country. The SEATS Project provided extensive technical materials to FGP providers throughout Kyrgyzstan as well as client education materials.

UNFPA reportedly provided contraceptive supplies for the entire country through 1999 (including oral contraceptives, Copper-T 380A & Multiload IUDs, condoms, and Depo Provera) and the Ministry of Health reported adequate stocks at the central warehouse. However, the distribution system for contraceptives to the oblasts and FGPs appeared to

be inconsistent. The SEATS Project did not provide contraceptive supplies to FGPs. However, contraceptive supplies are vital to the successful implementation of reproductive health services at the FGPs. It was noted on numerous occasions that there were difficulties in the contraceptive distribution system for FGPs. Though FGPs had some contraceptive supplies, the supply was irregular and not reliable.

E. The Family Group Practice Association

A national Family Group Practice Association (FGPA) with regional affiliates continues to evolve as a professional organization. The FGPA plays an important role in implementing activities in support of the health reform. Each oblast has regional FGPA staff members that played an integral part in the successful implementation of the SEATS Project. However, their long-term purpose is still evolving. Some members indicate that the national FGPA should eventually fulfill the function of a professional association for particular providers (i.e., physicians) or implement activities on behalf of funding agencies. Another potential role could be advocating on behalf of the FGPs. Such options continue to be explored by the FGPA. SEATS helped to strengthen the FGPA as a professional and technical clearinghouse by distributing all client and provider educational materials and reproductive health equipment to the FGPs through the FGPA. Furthermore, the FGPA played an integral role in the organization of all SEATS training activities.

III. GOALS AND OBJECTIVES

A. *Related USAID Strategic Objectives*

The SEATS Project was in direct support of the following USAID/CAR Strategic Objective (SO), (USAID Strategic Plan for Kyrgyzstan 1997):

SO 4.1: Special Initiatives: Preventative Care Services Made Available

Performance Indicator: Decrease in Abortion Rates

SEATS activity under SO 4.1 to help improve access to and quality of reproductive health services through family group practices, is supportive of the following USAID/CAR and USAID/Europe, Newly Independent States (ENI) SO:

SO 3.2: Improved Sustainability of Social Benefits and Services

SEATS activity in Kyrgyzstan increased access to and use of high quality family planning and reproductive health services in no less than 434 FGPs, which directly contributes to the USAID/CAR strategic objective and performance indicator specified above.

The budget for SEATS activity in Kyrgyzstan was \$1,165,000, of which \$965,000 was field support. The remaining funds come from SEATS Project core funds.

B. *Project Goals and Objectives*

The objectives of the SEATS Project in Kyrgyzstan were to establish the capacity for and provision of quality reproductive health/family planning services in no less than 375 FGPs and to strengthen the FGPAs by further defining and enhancing the role of the national and regional associations as technical and professional resources for FGPs.

SEATS exceeded project expectations by improving services through reproductive health training, client and provider education materials, and equipment provision at 434 FGPs. In addition, 72 FGPs in Issyk-Kul Oblast received a full package of client and provider educational materials and reproductive health equipment. Furthermore, in Osh and Djalal-Abad Oblasts, an additional 125 FGPs received reproductive health equipment. In total, 631 FGPs received assistance from the SEATS Project.

Table 1. Number of FGPs Affected by SEATS Activity

USAID/CAR/SEATS Assistance Package	# Impacted
Reproductive health training, client & provider educational materials, and equipment	434
Reproductive health client & provider educational materials and equipment	72
Reproductive health equipment	125
TOTAL	631¹

¹ The SEATS Project provided enough equipment for 540 FGPs. However, because many FGPs are clustered together and share equipment, the coverage of reproductive health equipment exceeds 540.

Quality improvements were demonstrated in several areas. Provider reproductive health/family planning clinical knowledge increased 40% as demonstrated by the baseline and endline evaluation activities. Clients reported a 34% increase in the amount of family planning information they received from FGP providers during reproductive health/family planning counseling sessions. Clients reported that FGP providers were 36% better able to address reported side effects. Furthermore, the number of FGP providers who reported that a woman has the right to choose her own method of contraceptive increased from 45% to 88%.

Expected outcomes of the SEATS activity in Kyrgyzstan are outlined below. However, due to the short duration of SEATS in Kyrgyzstan, only 18 months, it was not possible or practical to measure changes in all these areas. However, as seen above, positive trends are clearly visible in all areas.

1. Increased access to family planning/reproductive health services through client-focused services at well-equipped service sites;
2. FGP providers skilled in the provision of family planning counseling and clinical service delivery in modern methods of contraception;
3. Clients that possess accurate, up-to-date knowledge on which to base their reproductive health decisions;
4. A strengthened and cohesive training capability at the Republican Center for Continuous Education of Medical and Pharmaceutical Personnel in conjunction with the National Medical Academy in Bishkek and the oblast-level Marriage and Family Centers; and
5. Strengthened FGPA capable of functioning as technical and professional resources for the FGPs.

C. Technical Initiatives

1. Sustainability

Sustainability of project activities was an important element of the SEATS Project. The strategy for sustaining project benefits into the future was to strengthen reproductive health services in the new health delivery system under the MANAS reform efforts; transferring family planning counseling and service delivery skills to FGP staff, improving the quality of client-provider interaction at the FGP level, and creating the potential for target populations to fulfill their fertility and reproductive health preferences and needs.

Quality of care in service delivery and counseling are key to client satisfaction in reproductive health services and integral to the sustainability of reproductive health services at FGPs. Through the incorporation of a quality of care component in training activities, SEATS assisted the FGPs in understanding and developing means to remain competitive through quality client services, the ability to make data-driven decisions for improving services, and the ability to measure client satisfaction. Monitoring and evaluation tools were implemented as part of the SEATS activity. Both the national and regional FGPA offices and the Republican Center for Continuing Education took part in these activities. Both organizations intend to continue monitoring and evaluation activities subsequent to the project to continue to measure client satisfaction, to evaluate the quality of the ongoing retraining effort, and to evaluate the quality of care provided by the FGPs. Both organizations plan to implement similar monitoring activities in technical areas other than reproductive health.

SEATS assisted in the ongoing development of the FGPA to serve as a technical and professional clearinghouse for FGPs. SEATS enhanced the Association's image as a resource for FGPs by providing assistance to the FGPA to strengthen its ability to provide direct services to the FGPs through procurement and distribution of client and provider education materials and reproductive health equipment. The increased visibility of the FGPA has helped lead to an increased ability to function as a more active technical and professional resource to FGPs. The FGPA was an integral part of the planning process for the logistics of the SEATS-sponsored training activities and was in continuous contact with regional FGPAs to ensure that the SEATS-sponsored activities were successful.

2. Quality of Care

The SEATS Project in Kyrgyzstan focused on quality of care issues in all training activities. The approach to quality of care promoted collaboration with host country institutions to integrate key quality principles and techniques into the activity's design, implementation, and evaluation cycle. This integration included activities, processes, and outcomes focused on the six elements of the Bruce/Jain Quality of Care Framework for family planning programs and the concepts of the USAID initiative for Maximizing Access and Quality. The SEATS family planning and reproductive health services delivery activities included all aspects of quality of care including choice of methods, counseling and client

information, provider competence, interpersonal relations, acceptability of and access to services, and contraceptive supply.

Monitoring and evaluation activities revealed significant increases in several quality of care indicators.

Chart 1. More Providers Stated that the Woman has the Right to Choose Her Family Planning Method

- The providers' recognition of a woman's right to choose her method of contraception nearly doubled, from 45% to 88%.

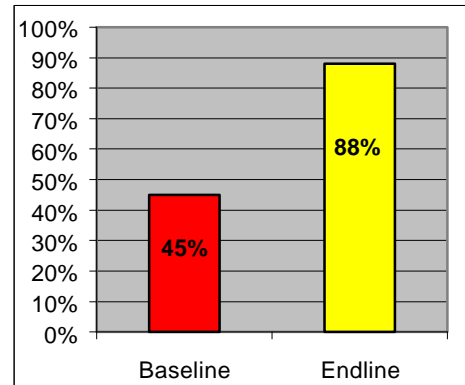
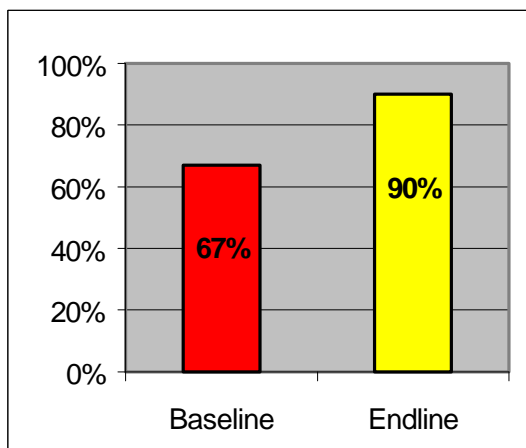


Chart 2. More clients Reported Receiving Information about other Methods of Contraceptives



- The number of clients who reported receiving information on various methods of contraception from their FGP provider increased dramatically from 67% to 90%.

Additional information regarding the monitoring and evaluation results can be found in Appendix K.

Only a year-and-a-half-long project, it was not feasible or possible to measure some of the more global results that the focus on quality of care was designed to demonstrate. In the longer-term, quality of care is expected to contribute to increased contraceptive rates with concomitant reduction in the use of abortion as a means of fertility control.

Quality of care is vitally important to the long-term sustainability of the FGPs as service delivery points. As the health care system evolves from a specialized curative care system to a consumer-driven community-oriented primary care system, the financial support for health care will become increasingly dependent upon payment for services and improvement in selected health indicators. During this transition, it is increasingly important for family health practitioners to provide client-centered, high quality services. It is these high quality services that will ultimately lead to maintaining a client base and thus a steady income necessary for survival as an FGP.

Figure 4. FGP providers in Talas Oblast.



IV. COUNTRY STRATEGY

A. Partnerships with FGPA and Republican Center

SEATS formed strong, collaborative partnerships with the Ministry of Health, the FGPA, and the Republican Center for Continuing Education. The Republican Center for Continuing Education and its sub-division, the Family Medicine Excellence Center, are fully responsible for the retraining and continuous education of family medicine health care providers. The partnership between SEATS and the Republican Center for Continuing Education allowed for the incorporation of reproductive health training activities directly into the ongoing retraining effort to upgrade the skills of the FGP providers. The reproductive health/family planning effort was only one health care area being addressed by the Ministry of Health in its effort to establish a primary health care system in the country. The retraining effort consists of numerous training sessions on a wide variety of technical areas ranging from ophthalmology to cardiology.

Through close cooperation, the Republican Center for Continuing Education and the Family Medicine Excellence Center chose to re-examine its regular teaching methodology and incorporate adult-centered interactive teaching techniques for the reproductive health retraining component. These techniques appealed to the FGP providers as well as to the trainers and were used in SEATS training activities. Toward the end of the SEATS activity the Republican Center for Continuing Education and the Family Medicine Excellence Center decided to incorporate the same teaching techniques into other components of the retraining effort, as the techniques were proven highly effective during the SEATS-sponsored reproductive health retraining component.

The strong partnership between SEATS and the FGPA provided a means for large-scale equipment and educational materials distribution. In addition, all technical materials provided during the SEATS-sponsored training activities were provided to the FGP providers by the FGPA. Through this cooperation, the FGPs came to view the FGPA as a valuable resource for equipment, professional and technical materials, and client education materials, thus enhancing the value of the FGPA as perceived by the FGP providers.

Due to strong cooperation between SEATS and the Republican Center for Continuing Education and the FGPA, both organizations were able to more strongly establish themselves in the eyes of the FGPs. Both organizations are prepared to continue activities to further the development of the FGPs.

B. Linkages with Kyrgyz Entities

In addition to the primary partnerships outlined above, numerous other linkages were formed as a means to effectively implement the SEATS activity. To successfully meet the challenges posed by the USAID/CAR/SEATS scope of work, SEATS required a broad network of organizations. The SEATS activities forged links with the National Medical

Academy, which was responsible for the development of the JHPIEGO-based Kyrgyz family planning curriculum, that served as the foundation for the FGP family planning curriculum used in the SEATS training program. The Family Medicine Excellence Centers, the Marriage and Family Centers, the Human Reproduction Centers, the Venereal and Dermatological Dispensary, the NGO: Healthy Generations, and the Health Education Center were instrumental in sharing their high level of family planning/reproductive health knowledge and/or training skills as well as their facilities, staff members, and training materials. Each of these organizations participated in technical or organizational activities with other international donors in the past. Each organization contributed their unique skills and background to the SEATS Project.

The bonds and linkages formed by these organizations during the course of the SEATS activities in Kyrgyzstan were critical to the success of the project and will be instrumental to the long-term sustainability of FGP reproductive health activity. All the organizations were excited by the intense collaboration that took place among them while working with the SEATS Project and looked forward to continued collaboration and the development of the reproductive health capacity of the FGPs.

C. Linkages to Other Donors

SEATS served as only one technical aspect of health reform in Kyrgyzstan; i.e. strengthening the reproductive health services provided by FGPs. Coordination with other agencies and donors involved in health care reform was critical to program success. SEATS worked closely with the USAID/CAR/ZdravReform Project (implemented by Abt Associates) and the World Bank health care reform efforts to incorporate activities into the larger MANAS health care reform movement. The SEATS training activities folded into ongoing FGP training schedules and assisted the Ministry of Health to meet requirements of other donors, such as the World Bank, to complete retraining efforts on schedule. Furthermore, SEATS coordinated with the ADB and the World Bank to ensure complementarity, not duplication, in the area of reproductive health equipment provision.

In addition, SEATS coordinated closely with the UNFPA, IPPF, AVSC, JHPIEGO, FHI, SOMARC, and JHU/CCP. SEATS began working in Kyrgyzstan on a technical and material foundation laid by previous organizations, USAID-funded and other. For example, all SEATS trainers participated in previous reproductive health training activities by one or more of the above organizations. SEATS adapted or reprinted reproductive health educational materials from many different organizations. The multi-method family planning brochure used for this project was adapted and reprinted with permission from Pathfinder International, which used the brochure previously in Kazakhstan. The ability to reprint previously developed client and provider educational materials allowed the project to focus its resources in the area of equipment provision to meet the physical needs of more FGPs and thus achieve greater project coverage than originally planned.

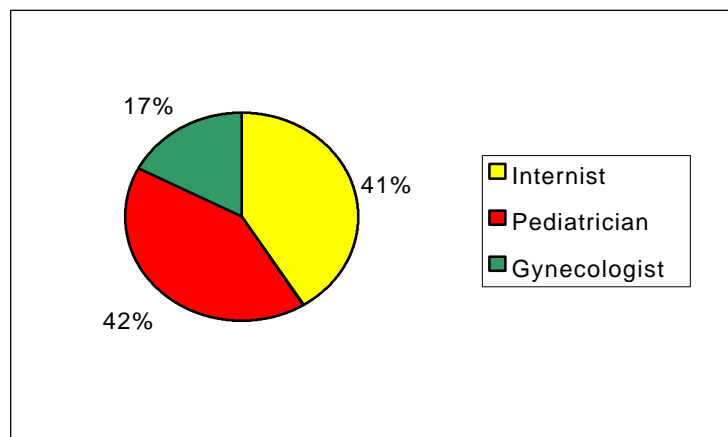
V. IMPLEMENTATION

A. Training Effort

The SEATS reproductive health training program was carefully designed to meet the unique needs of the FGPs and coordinate closely with ongoing retraining efforts for FGP providers as part of the MANAS health reform effort. The retraining effort was tasked with creating family physicians from narrow specialists; i.e. pediatricians, internists, and gynecologists. The following are some of the factors that complicated the design of the training program:

- FGPs possessed limited and varied reproductive health and family planning background. Thus it was difficult to design one training program to meet the needs of such a diverse group of physicians.

Chart 3. Type of FGP Provider Trained.



- Each FGP is composed of multiple specialists including pediatricians, internists, and gynecologists. Over 80% of the FGP providers were not gynecologists by training and thus, had virtually no reproductive health knowledge.
- Kyrgyzstan is culturally and ethnically varied.
- Stark differences in the population as well as the FGP providers exist between rural and urban areas. It was necessary to adapt training approaches to address the differences.
- Inaccessibility due to geographical, political or climate conditions caused continuous logistical difficulties. Many areas of Kyrgyzstan are virtually inaccessible during the winter months. Thus, the majority of the SEATS training program was condensed into the summer months.

- Moreover, a deliberate Ministry of Health policy specifying which specialists would be trained to which specific levels of other specialties had not yet been developed.

The Ministry of Health, the Republican Center for Continuing Education, the FGPA, and SEATS reached a consensus that the best approach for integrating reproductive health services into FGPs was to provide comprehensive contraceptive technology updates (CTU) combined with family planning counseling skills to all FGP providers. An additional training program for gynecologists in IUD insertion and removal would be provided separately since internists and pediatricians lacked the skills and experience to conduct pelvic exams and developing this expertise was beyond the scope of the SEATS Project. As a result, a woman seeing her pediatrician or internist could be counseled on family planning and provided most available methods or referred to more skilled gynecologists for clinical procedures such as IUD insertion. FGP pediatricians, in particular, noted that because they work with children, they are in more regular contact with women than gynecologists and thus, have more opportunity to provide family planning counseling to women.

Quote by CTU Participant – *“I liked the fact that pediatricians and therapists were involved in the CTU training, since we communicate and counsel women and their children much more frequently than gynecologists.”*

Due to the training considerations discussed above, none of the previously developed USAID training programs fit the specific needs of the FGPs. Rather, parts of the various preceding activities needed to be adapted and melded into a program to meet the client’s needs. Thus materials and training programs were borrowed from a range of organizations, such as AVSC, FHI, and JHPIEGO, and adapted to fit the needs of the FGP retraining program.

1. Future SEATS Trainers

In an effort to maximize the use of local capacity, SEATS sought out local talent and materials for use in the training program. The Republican Center for Continuing Education, the FGPA, the National Medical Academy, and the Marriage and Family Center identified 31 highly skilled candidates as possible CTU trainers. Participants were selected based on the following criteria: 1) participation in previous reproductive health training activities sponsored by international organizations such as AVSC, JHPIEGO, SOMARC, FHI, IPPF or UNFPA; 2) organizational affiliation; 3) area of specialty – preferably gynecologists; and 4) regional representation. However, the actual responsibility for the retraining effort belonged to the Family Medicine Excellence Center, a branch of the Republican Center for Continuing Education. Few of the trainers under the Family Medicine Excellence Center were specialists in gynecology or family planning activities. To obtain a group of trainers with both the gynecological expertise and the actual responsibility for the retraining effort, it was necessary to combine the gynecological experts with the non-experts who were highly skilled trainers.

2. Trainers' Orientation Workshops

The future trainers attended one of two Trainers' Orientation Workshops held in February and July 1999. The objective of the Trainers' Orientation Workshops was to establish a core group of experienced trainers oriented to a standardized CTU curriculum focused on the family planning needs of the FGPs. The facilitators of the Trainers' Orientation Workshop included Kyrgyz experts and SEATS staff. The first orientation was conducted at Maternity House #4 in Bishkek from February 15-26, 1999. The second orientation took place at the Republican Center for Continuing Education from July 5-15, 1999. Each workshop lasted ten days. The first Trainers' Orientation Workshop resulted in the following outputs: a group of experienced family planning trainers oriented to the same CTU curriculum; technical working groups established for each family planning technical area responsible for the development and modification of those areas as activities evolved; a standard FGP family planning curriculum adapted from the nationally-approved CTU curriculum designed to meet the needs of the FGPs rather than specialized gynecologists; a standard set of training materials identified and selected by the trainers for use in all FGP training activities; and a standard package of materials identified and selected by the trainers to be provided to FGP physicians during training activities.

The second Trainers' Orientation Workshop was similar to the first; however, the future trainers were responsible for the review of existing standards as set during the first Trainers' Orientation Workshop. The second Trainers' Orientation Workshop established a larger group of Kyrgyz CTU training experts to meet the high need for additional trainers over the course of the SEATS Project.

The agenda for the Trainers' Orientation Workshop and a list of resulting trainers can be found in Appendix B and C, respectively.

3. CTU Training Activities

The objective of the SEATS-sponsored CTUs was to provide updated contraceptive knowledge and family planning counseling skills to FGP providers. (The CTU training agenda can be found in Appendix D.) The CTU courses were folded into the ongoing retraining program and took place as follows:

Figure 5. Training Course in Chui Oblast.

- The pilot rayons of Osh and Djalal-Abad Oblasts from April to June 1999;
- Naryn and Talas Oblasts in July and August 1999; and
- Chui Oblast and Bishkek from September to November 1999.

Though originally anticipated to be the primary focus of the project, Issyk-Kul Oblast did not participate in



the CTU training component of the SEATS activity due to an official Ministry of Health request that the training resources be redirected to areas of Kyrgyzstan with greater need. Overall, 77 CTUs trained 1254 FGP providers including 522 pediatricians, 512 internists, 214 gynecologists, and 6 nurses. Of the 1254 FGP providers, 1112 were women and 142 were men.

Table 2. FGP CTU Training Summary

Location	# CTU Courses	Participants	# of FGPs Affected
Osh Oblast	13	112	41
Djalal-Abad Oblast		90	27
Talas Oblast	15	105	41
Naryn Oblast		131	50
Chui Oblast	24	377	159
Bishkek	25	439	116
TOTAL	77	1254	434

Table 3. CTU-Trained FGP Providers by Specialty

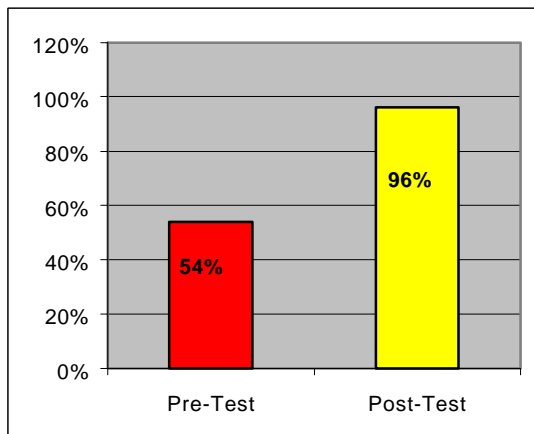
Location	By Specialty			
	Pediatricians	Internists	Gynecologists	Nurses
Osh Oblast	55	35	19	0
Djalal-Abad Oblast	39	41	13	0
Talas Oblast	42	47	16	0
Naryn Oblast	59	55	17	0
Chui Oblast	155	153	69	0
Bishkek	172	181	80	6
TOTAL	522	512	214	6

The participants of the SEATS Trainers' Orientation Workshops served as the trainers for all 77 CTUs. SEATS provided organizational, logistical, and materials support. Resulting from the Trainers' Orientation Workshops, training teams were established based on their level of technical family planning and training methodology skills as well as their institutional affiliation. The ideal training team consisted of a minimum of two trainers including a member of the Family Medicine Excellence Center, the official retraining institute, and a family planning technical expert. To increase the level of family planning training skills, members of the Family Medicine Excellence Center often participated as facilitators rather than trainers to provide them the opportunity to become more familiar with the course material and the teaching methodology employed by the course. The Family Medicine Excellence Center trainers were excellent trainers that quickly absorbed the family planning information necessary to provide high quality CTU courses to FGP providers.

Throughout the duration of the activity, the trainers served both in regional training teams as well as mobile training teams. Each oblast required a different logistical approach to training. For example all Osh and Djalal-Abad Oblast participants were trained in Osh City, Naryn and Talas Oblast participants were trained in Bishkek, and Chui Oblast necessitated mobile teams to move throughout the oblast to reach distant rayons. Furthermore, each oblast required a slightly different approach to the course material. In Osh and Djalal-Abad Oblasts, all FGP providers had received some gynecological training and thus had a foundation for discussing contraception and mechanisms of action. Quite the opposite was found with participants from Talas and Naryn Oblasts. These participants had had very little exposure to the subject matter and needed extra detailed attention during the course. However, at the end of the CTU, the Talas and Naryn participants scored as high on the post-test as those from the other oblasts.

To provide CTU training to such a large number of FGP providers in only eight months, it was necessary to conduct multiple CTU training courses simultaneously. Thus, at any given time during the CTU training activities, four or more CTU courses were being conducted with as many as 80 FGP providers (a maximum of 20 participants per CTU course).

Chart 4. CTU Pre- & Post-test Results.



Each CTU training course was evaluated by a pre- and post-test. The tests consisted of 50 multiple-choice questions. The pre- and post-tests were based on the National Medical Academy JHPIEGO-based reproductive health training curriculum and were adapted by the CTU trainers during the first Trainers' Orientation Workshop. The test results shown in Chart 4 indicate the substantial improvement made by the training participants in all oblasts.

4. IUD Insertion and Removal Courses

SEATS conducted two three-day IUD insertion and removal training courses at the Marriage and Family Center in Bishkek. The objective of these courses was to refine the IUD insertion and removal skills of selected FGP trainers as potential future FGP IUD insertion and removal trainers, and to upgrade the skills of selected FGP gynecologists from clustered FGPs in Bishkek with large caseloads of IUD insertion and removal. The first course took place from October 27 to 29, 1999 and the second course from October 31 to November 2, 1999. Dr. Charles S. Carignan, SEATS consultant, Dr. Nadezhda Kazakova, Deputy Director of the Marriage and Family Center, and Dr. Anara Doolotova, Director of the Marriage and Family Center, were the trainers for the two

courses. The participants included FGP trainers and FGP gynecologists. There were ten participants, FGP trainers and FGP service providers, in each of the two courses. The participants came from Bishkek, Djalal-Abad, and Issyk-Kul Oblasts. The course consisted of didactic sessions, group work, model practice, and clinical rotation.

A course agenda can be found in Appendix F and a list of course participants can be found in Appendix G. For additional information on the IUD insertion and removal courses please see the SEATS Trip Report for October 25 – November 3, 1999.

5. Training Materials

SEATS provided extensive reproductive health training materials and equipment. Training materials were replicated or adapted with permission from the creating organizations. The CTU slides and overheads were adapted from the JHPIEGO and AVSC CTU materials. Numerous technical articles and resources were provided, purchased or reprinted with permission from FHI and JHPIEGO, JHU/CCP, PATH, and IPPF. In addition an FGP family planning manual was adapted from the nationally-approved five-day reproductive health curriculum.

Training equipment included Zoe models, handheld uterine models, IUD insertion and removal kits, and male models. Limited contraceptive supplies for training purposes were provided by USAID or procured by SEATS within the US and Kyrgyzstan.

6. Reproductive Health Training Resource Centers

Ten Reproductive Health Training Resource Centers were established throughout Kyrgyzstan to serve as training locations for ongoing FGP training activities. Each resource center is staffed with experienced FGP CTU trainers and stocked with training equipment and supplies. Each facility entered into an agreement with the FGPA to continue reproductive health training activities for FGPs for a specified period of time in exchange for the resources and training materials. In addition, it is expected that the Training Resource Centers will expand their training agenda to possibly include FGP nursing staff and reproductive health professionals outside of the FGPs.

A list of the Reproductive Health Training Resources Centers can be found in Appendix J.

7. Training Sustainability Capacity

The capacity to continue FGP CTU training courses is in place. The Republican Center for Continuing Education possesses the human, technical, logistical, and organizational talent to continue the CTU training activities. Dr. Chubakov, Director of the Republican Center for Continuing Education, reported to SEATS that he views the SEATS organizational approach to large scale training to be innovative and the way for the Republican Center for Continuing Education to continue high quality training activities across all the technical areas, not just in reproductive health. Furthermore, both the Republican Center for Continuing Education and the FGPA report that adult-centered, participatory training methodology used in the SEATS training program is rapidly being

incorporated into other technical training areas because it is viewed as highly effective by the trainers and training participants.

By the end of the project in December 1999, the FGPA reported numerous accounts of second generation CTUs taking place at FGPs throughout Kyrgyzstan for physicians who were unable to attend the CTU trainings and for their nursing staff.

The Training Resource Centers are located regionally as a means to continue wide scale reproductive health activities for FGPs without expenses related to travel of trainers and participants. Furthermore the centers are completely equipped with equipment and materials to continue training activities. Naturally, the Republican Center for Continuing Education and the Family Medicine Excellence Center serve as training resource centers.

Quote from a CTU participant – *“Thank you for your course...now we have gained skills enough to implement them in practice and eventually influence the reproductive health of our people!”*

B. Equipment

SEATS allocated 23% of the total Kyrgyzstan budget to reproductive health equipment. SEATS provided basic reproductive health equipment necessary to provide quality reproductive health services to FGPs from all Oblasts in Kyrgyzstan. SEATS assessed the equipment needs on a continuous basis and coordinated with the World Bank, ADB, and the FGPA to determine the most appropriate items to be provided by SEATS. One of the explicit assumptions of the USAID/CAR/SEATS scope of work was that the other donors were committed to providing equipment, which SEATS would complement. However, on closer inspection, it was evident that there was substantial need for a full range of reproductive health equipment at virtually all FGPs. This was in part due to the delay of equipment procurement by other international donors as well as the sometimes inefficient procurement and distribution of equipment by other donors.

With close coordination with the FGPs and the FGPAs, SEATS identified the equipment items to be procured and determined a source for procurement. Eighty-two percent of the equipment was procured locally in Bishkek while the remaining 18% was procured in the US. The following chart details the equipment items procured, quantity, and source of procurement.

Table 4. Equipment Type and Source.

Equipment Type	Quantity	Procured From
Graves specula	1000	US source
IUD insertion & removal kit ¹	540	Medtechnika, Bishkek
Examination table	540	Uran Company, Bishkek
Examination stool	540	Medtechnika, Bishkek
Dry steam sterilizer	200	Uran Company, Bishkek
Weighing scale	540	Local retail, Bishkek
Examination lamp + 4 bulbs	540	US source – due to lack of appropriate lamps in Bishkek
Thermometer	288	US source
Stethoscope	200	US source
Sphygmomanometer	200	US source

¹ IUD insertion & removal kit: 5 specula (1 small, 3 medium, 1 large), 2 tenacula, 2 packers, 2 uterine sounds, and 1 scissors.

Due to severe lack of reproductive health equipment and instruments in Talas and Naryn FGPs, it was deemed necessary to purchase thermometers, stethoscopes, and sphygmomanometers for these oblasts.

The FGPA developed detailed distribution plans for all equipment items and SEATS provided assistance to the FGPA in distributing the equipment to the FGPs. SEATS obtained written confirmation from all oblasts that established receipt of the equipment by the intended recipient. The distribution chart, below, demonstrates the quantity of equipment that FGPs received by oblast.

Osh and Djalal-Abad Oblasts served as a focal point for large quantities of equipment distribution. This is due to the high population concentration, the lack of previous equipment donations, and the Ministry of Health's desire to concentrate on those regions. During the project, the Ministry of Health formally requested that SEATS redirect all project resources away from Issyk-Kul Oblast, the oblast originally targeted in SEATS' scope of work, and redistribute the funds for activities in Osh and Djalal-Abad Oblasts. In a compromise it was agreed that Issyk-Kul Oblast would receive equipment and educational materials but that the remaining training activities would be dramatically reduced in favor of activities in the south of the country.

The Ministry of Health and the FGPA determined that equipment distribution in Osh and Djalal-Abad should not be restricted to the pilot rayons, which received SEATS CTU training. Instead equipment was distributed throughout all rayons in Osh and Djalal-Abad Oblasts.

Table 5. Equipment Distribution by Oblast

Equipment Type	Oblast						
	Osh	Djalal-Abad	Talas	Naryn	Chui	Issyk-Kul	Bishkek ¹
Gynecological Kit ²	103	103	41	40	98	74	81
Dry steam sterilizer	46	46	15	10	26	19	38
Specula	310	150	50	57	203	92	138
Thermometer	0	0	139	140	0	0	0
Stethoscope	0	0	119	80	0	0	1
Sphygmomanometer	0	0	111	80	0	0	1

¹ Includes one gynecological kit for the FGPA and five gynecological kits and one dry steam sterilizer for the Republican Center for Continuing Education.

² Gynecological kit includes one exam table, one swivel stool, one examination lamp with four bulbs, one scale, and one IUD insertion & removal kit.

C. Educational Materials

Figure 6. Educational materials on display at an FGP.



SEATS provided both client and provider educational materials during the project. All of the educational materials were distributed to the FGPs through the FGPA, as the FGP technical resource clearinghouse. Client educational materials included a multi-method family planning brochure, which was adapted from an earlier brochure published by UNFPA and Pathfinder International in Kazakhstan. SEATS printed 57,000 brochures in Kyrgyzstan. The brochures are available in Russian and Kyrgyz languages. The FGPA logo was printed on the front cover of the brochure to increase awareness of both the FGP providers and the general population of the role of FGPs and the FGPA in health care. In addition, a multi-method family planning poster was developed and

printed in Kyrgyzstan in both Russian and Kyrgyz languages. The poster was pre-tested twice by the National Health Education Center to ensure its effectiveness. All 2000 posters and 57,000 brochures were distributed to CTU-trained FGPs throughout Kyrgyzstan.

SEATS provided and/or reprinted numerous technical materials for FGP providers. Sources for these Russian language materials included JHPIEGO, FHI, AVSC, IPPF, and JHU/CCP. All provider technical materials were distributed to the FGPs during CTU training activities (with rare exception) as compliments of the FGPA, the FGP technical clearinghouse. JHU/CCP coordinated with SEATS to make available a recent Russian language version of the *Population Report* on Quality of Care in Family Planning Programs. Kyrgyz counterparts and FGPs were pleased to receive such an excellent publication in Russian language on quality of care issues.

SEATS also made available counseling aids for the FGP providers. In particular, 1000 Russian language multi-method family planning counseling flipcharts were procured from AVSC for distribution throughout Kyrgyzstan. Large quantities of the JHU/CCP method specific cue cards were procured for all FGP providers, both physicians and nurses, throughout Kyrgyzstan. Furthermore to remind FGP providers of the importance of family planning counseling and the steps involved in successful counseling, a large GATHER poster was printed for use in each FGP. Again, the FGPA logo is on the poster to help increase awareness of the FGPA's role as a technical clearinghouse.

D. Monitoring & Evaluation

As part of the SEATS Project's efforts to monitor and evaluate quality of care, SEATS undertook a series of monitoring and evaluation activities in the pilot rayons of Osh and Djalal-Abad Oblasts in October 1999. Four instruments were used to examine four different areas of family planning service delivery:

Figure 7. Record keeping at an FGP.



- A client exit interview survey examined clients' perceptions of quality of care received at FGPs;
- A provider survey examined the level of knowledge of the FGP providers and identified possible weaknesses in family planning service delivery;
- Counseling observation evaluated the quality of family planning counseling being offered by the FGP providers;
- A facility audit was conducted to ensure that materials and reproductive health equipment were reaching the intended recipients according to the distribution plan.

A team of independent experts including researchers from the Sociology Department of the Bishkek Humanitarian University and MANAS reproductive health experts conducted the monitoring and evaluation activities. For all analyses, convenience samples were used.

The results of the monitoring and evaluation were presented to the Ministry of Health, Kyrgyz implementing partners, and CTU trainers during an End-of-Project Meeting hosted by the Ministry of Health on behalf of SEATS in December 1999. At that time, both the positive and the negative results of the monitoring and evaluation activities were discussed in detail. As a result, the Kyrgyz counterparts began to consider ways to strengthen and possibly supplement future reproductive health training activities in the weak areas identified by the monitoring and evaluation activities. Furthermore, the Director of the Republican Center for Continuing Education informed SEATS that the Family Medicine Excellence Center will continue the FGP monitoring and evaluation activities at regular intervals to monitor the level of quality of care provided by the FGPs and the level of knowledge of the FGP providers following training activities. The plan is to implement monitoring and evaluation activities for various technical areas, not just family planning and reproductive health.

1. Client Exit Interview Survey

The purpose of the client exit interview was to examine the quality of care offered by FGPs and to look closely at clients' perceptions of the quality of care received. SEATS and the Abt Marketing Group collaboratively developed a client exit interview instrument, which was used to implement the baseline client exit interviews in March 1999 in the pilot rayons of Osh and Djalal-Abad Oblasts. Abt coordinated with the FGPA to implement the baseline survey. Abt also conducted the survey in Issyk-Kul and Chui Oblasts, however due to the timing of the SEATS intervention an endline was not possible in Chui Oblast. SEATS did not support training activity in Issyk-Kul Oblast and thus did not measure for change. The FGPA and the Republican Center for Continuing Education have expressed interest in conducting the client exit interviews in all regions and several technical areas as a means to monitor the quality of care received by the clients and the quality of the retraining effort.

On behalf of SEATS, the Sociology Department of the Bishkek Humanitarian University conducted the endline survey in October 1999. The endline instrument was identical to the baseline instrument. Independent surveyors interviewed three hundred women immediately after receiving reproductive health services at the FGPs in both the baseline and endline.

Overall, the results were very positive. The survey revealed remarkable changes in a relatively short period of time. The most prominent results include the following:

- An increase in the number of women who received information from FGP doctors about various methods of contraception, from 67% to 90%.
- An increase in the number of women who reported that they had all their contraceptive questions answered, from 81% to 97%.
- An increase in the number of women who reported that the FGP doctors were able to deal with their side effects from 56% to 76%. The baseline reported side effects in 23% and the endline reported 26% of cases.

Weaknesses were also identified by the client exit interviews. Notable weaknesses include the following:

- The number of women who reported that the FGP doctor provided information about protection against the Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Infections (STI) (use of condoms) increased only from 69% to 79%. This increase is disappointing and indicates a need for continued focus in the area of STI/Human Immunodeficiency Virus (HIV) prevention.
- The number of women who reported that privacy was respected decreased from 90% to 87%. While this does not represent a large change, it does highlight a need for continued focus on the issue of privacy.
- The number of women who reported that they were given a follow-up appointment increased from 64% to only 76%. This small increase indicates a need for continued focus on the importance of follow-up visits for contraceptive clients.

A detailed chart of the client exit interview baseline and endline findings can be found in Appendix K.

2. Provider Survey

Together with the Kyrgyz trainers, SEATS established a baseline instrument, a pre-test for the CTU FGP course, to measure the level of knowledge of the FGP physicians entering the SEATS-sponsored family planning training activities. Overall the CTU pre-test and post-test demonstrated an increase from an average score of 54% to 96% for correct responses among 202 CTU participants in the pilot rayons of Osh and Djalal-Abad Oblasts from April to June 1999.

An endline ten-question provider survey based on the CTU pre- and post-test was administered in the pilot rayons of Osh and Djalal-Abad Oblasts in October 1999. One hundred FGP physicians participated in the endline survey. The endline was self-administered by the FGP physicians under the supervision of representatives of the monitoring and evaluation team.

The provider survey was designed to examine selected family planning clinical and counseling information and learn more about the patterns of family planning service provision in newly established FGPs. A comparison between the provider survey and the above mentioned baseline CTU pre-test allowed SEATS, the FGPA, and the Republican Center for Continuing Education to monitor the quality of the reproductive health training effort by measuring the knowledge of the FGP providers, examining the quality of care they provide to clients subsequent to family planning/reproductive health training activities, as well as identifying weaknesses in the current training program.

Pediatricians consisted of 40% of those surveyed, internists 34%, and gynecologists 26%. The provider survey indicated the following pattern of family planning service provision in the newly established FGPs:

- 64% of the FGP doctors surveyed provide family planning services daily;
- 21% of the FGP doctors surveyed provide family planning services more than three times a week; and
- 13% of the FGP doctors surveyed provide family planning services less than three times a week.

Overall, 94% of the FGP providers reported providing family planning services in the last three months.

The overall provider survey results were quite positive, indicating a substantial increase in reproductive health knowledge among the FGP providers. Based on the ten selected questions, knowledge increased from an average of 56% correct in the baseline to 79% correct in the endline, representing a 40% increase in knowledge. Notable increases include the following:

- A 96% increase in the number of FGP physicians who believe that a woman has the right to choose her family planning method, from 45% to 88%.
- A 60% average increase in the knowledge of combined oral contraceptives, from an average of 50% to 80%, though there remains room for improvement.
- A 73% increase in the number of FGP physicians who knew what a woman should do in the event a condom breaks, from 49% to 85%.

A significant weakness identified by the provider survey shows a low level of knowledge related to IUDs. This is surprising considering that IUDs are the most common method of contraception in Kyrgyzstan. Only 73% of the FGP providers surveyed correctly demonstrated knowledge of the relationship between a history of STIs or pelvic inflammatory disease and IUD use. This result is particularly worrisome when combined with counseling observation discussed in the next section.

A detailed chart of the CTU pre-test, post-test, and the provider survey findings can be found in Appendix K.

3. Counseling Observation

On behalf of SEATS, the Bishkek Humanitarian University enlisted two family planning training experts (CTU-trained) to conduct observation of 72 family planning counseling sessions. The counseling observation is a stand-alone monitoring activity and cannot be compared to a baseline.

Overall the results were positive. Notable results include the following:

- 83% of clients received their chosen contraceptive method.
- 94% of the counseling sessions were adequately private.
- 88% of the counseling sessions confirmed that the client understood how to use her chosen contraceptive method prior to leaving the facility.

The counseling observation also revealed several weaknesses, including the following:

- 39% of the counseling sessions provided inaccurate or incomplete information on the risks and benefits of the selected family planning method.
- 35% of the counseling sessions provided inaccurate or incomplete information on side effects.

These two findings are cause for concern, particularly when taking into account that 29% of the 72 clients counseled received Depo-Provera as their chosen method of contraception. The continuation of Depo-Provera as a method of contraception is related to the quality of information a client receives on the risks, benefits, and side effects of the method. These two areas merit serious consideration in future reproductive health training activities.

In addition, 36% of the observed counseling sessions demonstrated an inadequate review of reproductive and STI history and review of risk factors. This result combined with the level of knowledge related to the use of IUDs and a history of STIs and pelvic inflammatory disease expressed in the provider survey above is a cause for concern. Further work in these areas is necessary.

A detailed table of counseling observation results can be found in Appendix K.

4. Facility Audit

At the request of SEATS, the Bishkek Humanitarian University conducted a facility audit to monitor the status of SEATS equipment and client materials (brochures and posters) distribution as well as the status of contraceptive supply² in the facilities. Seventy-two facilities were visited. Overall, the equipment was in place. Any indications of missing equipment were investigated and resolved. Contraceptive supplies were not provided by the SEATS Project, but because the availability of contraceptives is critical for the provision of family planning services, an examination of supplies on hand was included in the facility audit. Though many FGPs had some contraceptives on hand, mostly oral contraceptives and IUDs, very few FGPs had condoms available for clients.

² UNFPA works closely with the Ministry of Health to ensure adequate contraceptive supplies in Kyrgyzstan. In December 1999, UNFPA was considering options to more adequately address the contraceptive needs at the clinic level and provided some contraceptive logistics training. One idea reportedly under consideration was to supply contraceptives directly to the FGPA for direct distribution to the FGPs.

VI. ACCOMPLISHMENTS AND CONSTRAINTS

A. Accomplishments

The SEATS Project achieved a significant amount with limited financial and time resources. Major accomplishments are outlined below.

- SEATS and the Kyrgyz partners demonstrated the feasibility of integrating quality reproductive health services into the regular service delivery of internists and pediatricians, albeit there are limitations.

Quote by a CTU Participant – *“Thank you for including internists and pediatricians into this course. We feel like a team now...”*

- SEATS capitalized on past efforts by other agencies such as AVSC, JHPIEGO, and JHU/PSC to make reproductive health and family planning services more accessible to the general public throughout Kyrgyzstan.
- SEATS created a replicable model for effective, large-scale training and the integration of new services into FGPs. This model is ideal for expansion into other technical areas.
- FGPs throughout Kyrgyzstan have the capability, in terms of training, equipment and materials, to provide high quality reproductive health and family planning services to clients.
- Monitoring and evaluation tools and processes were developed and are ideal for replication by Kyrgyz partners, particularly the FGPA and the Republican Center for Continuing Education. In fact, plans for replication of the monitoring and evaluation tools exist.
- Full training capability is in place at the Republican Center for Continuing Education via its subdivision, the Family Medicine Excellence Center. Furthermore, ten Reproductive Health Training Resource Centers exist throughout Kyrgyzstan and are equipped with reproductive health training materials, equipment and experienced CTU trainers.
- The FGPA was strengthened as a professional resource and technical clearinghouse for FGPs through the distribution of large quantities of reproductive health materials and equipment.
- A wide selection of client and provider educational materials is available throughout Kyrgyzstan. Many of the provider educational materials are readily available for reprint in Kyrgyzstan. All of the client educational materials are available for reprint in Kyrgyzstan.

B. Constraints

The SEATS Project faced many constraints. The most immediate and perhaps most challenging constraints were that of limited time and the expansive nature of the scope of work. USAID/CAR tasked SEATS with a very large scope of work with only 18 months remaining on the global SEATS contract. Despite the limited time, SEATS was able to provide a high quality activity that met the needs of both USAID/CAR and our Kyrgyz partners and exceeded the terms of the original scope of work.

The original scope of work for SEATS included upgrading reproductive health services at 81 FGPs and working primarily in Issyk-Kul Oblast, expanding to Bishkek and Chui and Osh Oblasts, as feasible. The planning was further complicated by the fact that the Ministry of Health was in the midst of rapidly evolving health reform so that the national statistics for number, location, and training status of new FGPs could not be specified with certainty. In the initial months of the project the scope of work expanded dramatically to include all regions of Kyrgyzstan and the number of FGPs increased exponentially as health care reform progressed. The increase in the number of FGPs to be equipped, number of physicians to be trained, and geographic coverage had significant implications for the SEATS activities. The scope of the SEATS Project continued to evolve even as late as July 1999 when the Ministry of Health requested that SEATS redirect resources away from Issyk-Kul Oblast in favor of Osh and Djalal-Abad Oblasts.

One of the strengths of this project's design was the integration of activities among cooperating agencies. This integration led to an increase in operating leverage, synergy, and improved prospects for sustainability. Conversely, this integration also made any one agency dependent on the progress of the other agencies (notably the ZdravReform Project implemented by Abt Association, the World Bank, and ADB), which if progress were not as rapid as expected, could impede other agencies. Fortunately, there were no significant difficulties related to this integration.

Other constraints included the challenges faced in the design of a training program to meet the needs of a widely varied group of physicians (i.e. pediatricians, internists, and gynecologists) with limited and diverse reproductive health and family planning backgrounds. In each phase of training the CTU participants were different and thus, each round of CTU training required ingenuity and flexibility on behalf of the Kyrgyz trainers and the SEATS staff to meet the participants unique training needs.

Other challenges included the varied cultural backgrounds, rural and urban FGPs with different levels of available resources and reproductive health experiences, and inaccessibility of facilities due to remote location or harsh weather conditions.

VII. LESSONS LEARNED

The importance of building strong relationships with and among counterparts and related institutions, regionally and nationally, is the most important lesson learned from the SEATS Project in Kyrgyzstan. Without the bonds and linkages between Kyrgyz institutes, which developed during the SEATS Project, the project would probably not have been as successful. The nature of the health care reform effort in Kyrgyzstan required that traditional reproductive health institutions join together with non-reproductive health institutions. Moreover, linkages were formed between different reproductive health entities that in the past rarely collaborated. For example, the Human Reproduction Center, the Marriage and Family Center, and the Venereal and Dermatological Dispensary all work in reproductive health but seldom worked together in the past. All the institutions were excited by the intense collaboration that took place while working with the SEATS Project and look forward to continued collaboration and the development of the reproductive health capacity of the FGPs. These linkages will continue to enhance all aspects of reproductive health services in the future and lend strength to long-term sustainability.

Flexibility in project design and implementation is an important lesson resulting from the SEATS activity in Kyrgyzstan. Without an extremely flexible approach, SEATS would likely not have been able to meet the needs of our Kyrgyz partners as well as the requirements of the USAID/CAR scope of work. The wide level of variation among regions, cultures, level of knowledge, logistical difficulties, harsh weather, and poor infrastructure all required SEATS and our Kyrgyz partners to be exceptionally flexible to complete the task at hand.

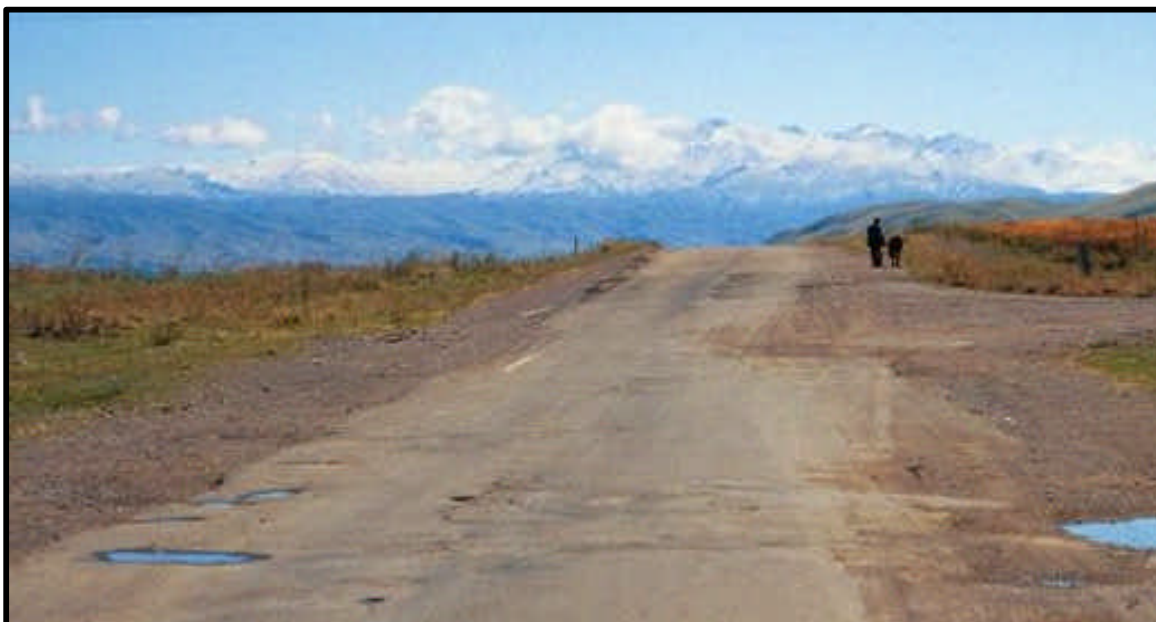
VIII. IMPLICATIONS FOR THE FUTURE

Recommendations for the future reproductive health activities were determined in close collaboration with the FGPA, the Republican Center for Continuing Education, and the SEATS CTU trainers. The recommendations are as follows:

- Given the limitations of trying to rapidly convert pediatricians and internists to family planning and reproductive health specialists, there is need to follow-up this project with activities to consolidate the gains, ensure continued high quality reproductive health service delivery at FGPs, and review or enhance related reproductive health service delivery protocols for FGPs.
- **Continue CTU training courses for the remaining FGP providers.** SEATS-sponsored reproductive health training activity reached 434 FGPs in 5 of the 6 oblasts and Bishkek. However, another 400 FGPs, which have been organized in recent months, remained untrained. Without reproductive health training for the additional 400 FGPs, it is unlikely that the clients being served in those FGPs will be offered high quality accessible family planning services.
- **Provide CTU training for FGP nurses.** The FGP nursing staff is in close regular contact with clients and is perceived to possess a great potential for counseling women on family planning issues. The Ministry of Health and the Republican Center for Continuing Education are dedicated to providing reproductive health training to nurses.
- **Provide IUD clinical skills course for FGP gynecologists.** There is a continued need to refine IUD insertion and removal skills of FGP providers. SEATS established a model curriculum, identified training materials and began the IUD training process. However, there is a need for deliberate follow up to ensure quality IUD services and expand the cadre of FGP gynecologists with upgraded IUD clinical skills. As the IUD is the most popular method of contraception in Kyrgyzstan, it is important to update the clinical skills of providers to ensure high rates of continuation and low rates of complications. It would be useful to encourage in-country research projects on the use of IUDs, examining user profiles, continuation rates, reasons for discontinuation, etc. In addition, it is recommended that up-to-date screening and treatment criteria for STIs for FGP providers be developed, particularly as they relate to IUD use.
- **Selected reproductive health refresher training activities.** Additional training to improve counseling on the risks and benefits of selected family planning methods and the provision of accurate information on side effects would be useful. Though significant improvements were documented in family planning counseling, these important areas would benefit from additional assistance.
- **Monitoring and supervisory skills.** Technical assistance should be provided for joint monitoring visits to build the trainers' capacity for monitoring and supervising reproductive health services. A focus on clinic client flow and standards of care could help the FGPs become more efficient and effective in the services provided.

- **Contraceptive supply/forecasting/logistics.** A reliable contraceptive supply is crucial to the success of family planning services. Repeatedly during the course of the SEATS Project it was apparent that the contraceptive supply was not reliable for FGPs. Activity aimed at improving contraceptive forecasting and logistics is important to ensure that in the future FGPs continue to have a regular supply of contraceptives.³

Figure 8. Road in Kyrgyzstan.



³ UNFPA supplies contraceptive commodities to Kyrgyzstan and is expected to do so for the near future.

Bibliography

Carignan, C. *Trip Report: Kyrgyz Republic*, October 25 to November 3, 1999.

Haffey, J. and L. Cappa. *Trip Report: Kyrgyzstan and Kazakhstan*, September 12 to October 2, 1998.

Kircalioglu, N. and N. Seitzkazieva. *Trip Report: Kyrgyz Republic*, July 3 to 17, 1999.

Kyrgyzstan Quarterly Reports, USAID/SEATS.

Kyrgyz Republic Demographic and Health Survey 1997. August 1998. Macro International: Maryland, USA.

O'Brien, D., J. Haffey, and M. Khan. *Trip Report: Kyrgyzstan and Kazakhstan*, July 18 to August 6, 1998.

Tackett, S., D. O'Brien, and N. Kircalioglu. *Trip Report: Kyrgyz Republic and Kazakhstan*, December 4 to 19, 1998.

Tackett, S., and N. Kircalioglu. *Trip Report: Kyrgyz Republic*, February 2 to March 4, 1999.

Tackett, S. and N. Seitzkazieva. *Trip Report: Kyrgyz Republic*, August 30 to September 11, 1999.

Tackett, S. *Trip Report: Kyrgyz Republic and Kazakhstan*, December 2 to 21, 1999.

SEATS Subproject: Kyrgyzstan Family Planning and Reproductive Health Service Delivery for Family Group Practices. SEATS Project, John Snow Inc.

Westoff, Charles F., Almaz T. Sharmanov, and Jeremiah M. Sullivan. *Reducing Abortion through Contraception: New Findings from Three Central Asian Republics of the Former Soviet Union.* June 5, 1998. Demographic and Health Surveys project of Macro International, Inc.

Appendices

Appendix A
Letter of Gratitude

Dear Mr. Webb,

Thank you very much for the warm letter about the contribution of the Ministry of Health in the implementation of the USAID/SEATS Project in Kyrgyzstan dated December 1, 1999.

In my turn, on behalf of the Ministry of Health of the Republic, allow me to thank you for the huge assistance provided by your project in Kyrgyzstan and for the support of health sector reforms of the Republic.

The Kyrgyz Ministry of Health has taken the path of reforming of the entire health care system with the main principles of prevention of different diseases, including diseases of reproductive health systems. The issues of reproductive health and family planning represent an important section of health care of the country and are both implemented in separate programs, such as “Ayalzat,” and as components of such programs as Manas, Healthy Nation, and the World Bank Health Reforms Project. Unfortunately, some of the indicators, such as the abortion rate and the maternal mortality rate are still high in Kyrgyzstan. These issues are solved within the framework of the Manas reform program, where the main focus is given to strengthening the primary health care through the establishment of Family Group Practices, delegating narrow specialists’ functions to aim at early detection and prevention of different diseases.

The Ministry of Health of the Kyrgyz Republic is grateful to you personally, to the SEATS staff in the US, and to the local office in Kyrgyzstan for the effective training courses in reproductive health arranged for FGP doctors all over the country, which enriched their knowledge and facilitated the integration of family planning services into the primary health care system.

SEATS was a comprehensive project; in addition to the training component, 540 FGPs were supplied with gynecological equipment and education materials both for medical workers and the population. Thus, the SEATS Project fit the major principles of health systems reform.

The success of the project is also due to the integrated approach that was applied to the involvement of resources for implementation of the SEATS Project. We have managed to unite the efforts of different specialists from different institutions: The Republican Center for Continuing Education for Medical and Pharmaceutical Personnel, the FGPA, Family Medicine Excellence Centers, Marriage and Family Women’s Consultation Centers, the Human Reproduction Research Center, and the National Dermatological-Venereal Dispensary.

To our mutual regret, USAID/SEATS is over, but despite the short-term of the project, I hope that it will bring its results and in the future, we will be proud to be able to say that we were in at the beginning of the Family Medicine Institute's establishment in Kyrgyzstan.

Sincerely,

Professor Tilek Meimanaliev
Minister of Health
Kyrgyz Republic

Appendix B
Trainers' Orientation Workshop Agenda

Day 1	Day 2	Day 3	Day 4	Day 5
Family Planning <ul style="list-style-type: none"> - Opening & Introduction - Objectives & expectations Topic: Main tasks of counseling in family planning Effective counseling characteristics/ effective patient characteristics Client rights	Family Planning Counseling <ul style="list-style-type: none"> - Warm-up session - Role play: non-verbal communication Topic: Non-verbal communication Schemes of communication Special questions Paraphrasing Small group work: <ul style="list-style-type: none"> - Organize material (case studies and role plays) 	Family Planning Counseling <ul style="list-style-type: none"> - Warm-up session - Organize material - Practice session: Skills of group counseling 	Natural Family Planning, Lactational Amenorrhea Method (LAM), Barrier Methods <ul style="list-style-type: none"> - Overview of the day - Pre-test questionnaire - Warm-up session Topic: Family planning services Methods of modern contraception (review)	Combined Oral (COC)/ Progestin Only (POC), Surgical Sterilization <ul style="list-style-type: none"> - Overview of the day - Warm-up session Topic: COC Counseling case studies & role plays Topic: POC Counseling case studies & role plays
Lunch				
Topic: Elements of counseling “GATHER” Small group work: Role play Organize material Summary of the Day	Topic: Individual and group counseling Small group work: Model/pattern for behavioral change Summary of the Day	Practice Session continued “What will follow after?” Summary of the Day	Topic: Natural family planning Video: LAM Discussion Case studies: LAM counseling Topic: Barrier methods Summary of the Day	Topic: Progestin Injectables Video: Depo-provera Case studies Role plays Video: Minilap Case studies Role plays Summary of the Day

Appendix B
Trainers' Orientation Workshop Agenda

Day 6	Day 7	Day 8	Day 9	Day 10
IUDs - Overview of the day - Warm-up session Topic: IUDs Case studies Role plays	STIs, Infection Prevention - Overview of the day Topic: STIs Case studies Role plays	Preparation for roll-out training - Overview of the day - Warm-up session Group Work: - Divide participants into 5 groups to present CTU for roll-out training by days: Group 1 presents Day one, etc.	Preparation for roll-out training - Overview of the day - Warm-up session Group presentations and discussions about each	Preparation for roll-out training - Overview Post-test Questionnaire Evaluation of the course by participants Summary of the training course Roll-out training planning session: discussions of trainer teams, schedule, training materials, program, etc. Award certificates
Lunch				
Practice: IUD insertion and removal Summary of the Day	Topic: HIV/AIDS Video: Infection Prevention Discussion Summary of the Day	Small Group Work Discussion Summary of the Day	Group presentations continued Discussion Summary	

Appendix C
List of Contraceptive Technology Update Trainers

Name	Institution
Anara Abilova	Family Medicine Excellence Center, Bishkek
Aelita Totkogulova	Family Medicine Excellence Center, Bishkek
Begaim Akmatova	Family Medicine Excellence Center, Osh
Kaukhar Sultanbaeva	Family Medicine Excellence Center, Kara-Kol
Ainagoul Artykbaeva	National Medical Academy, Department of Gynecology, Bishkek
Jyldyz Nasirdinova	National Medical Academy, Department of Gynecology, Bishkek
Bubaisha Ryskulova	National Medical Academy, Department of Gynecology, Bishkek
Bakhtygoul Bozgorpoeva	NGO: Healthy Generations, Bishkek
Anara Doolotova	Marriage and Family Center, Bishkek
Nadezhda Kazakova	Marriage and Family Center, Bishkek
Chinara Asanalieva	City Women's Consultation, Osh
Sairakan Djumalieva	Center of Medical Social Assistance to Family, Osh
Dilya Yusupova	Human Reproduction Center, Bishkek
Bakhtygoul Umarakhunova	Healthy Family Center, Djalal-Abad
Goulzad Nurumbetova	Healthy Family Center, Djalal-Abad
Saikal Bozeva	Republican Center for Continuing Education, Department of Obstetrics & Gynecology, Bishkek
Cholpon Umurzakova	Family Medicine Excellence Center, Bishkek
Nazira Pashalieva	Family Medicine Excellence Center, Bishkek
Gulyaim Tynalieva	Family Medicine Excellence Center, Bishkek
Svetlana Asanalieva	Family Medicine Excellence Center, Osh
Toordougoul Nyazalieva	Family Medicine Excellence Center, Kara-Kol,
Chinara Yazova	Family Medicine Excellence Center, Kara-Kol,
Gulzad Orozalieva	Marriage and Family Center, Bishkek
Ainoora Davletova	Consultation Center "Healthy Family," Djalal-Abad
Gulnara Djumabaeva	Consultation Center "Healthy Family," Djalal-Abad
Jyldyz Beishenova	Central Polyclinic; FGP #2; Bakai-Atisnkyi Rayon, Talas
Tamara Koshalieva	Central Polyclinic FGP; #3; Kara-Burinskyi Rayon, Talas
Cholpon Abdysatarova	Human Reproduction Center, Bishkek
Natalia Kosinova	Human Reproduction Center, Bishkek
Aijan Kukeeva	Marriage and Family Center, Naryn
Turgan Orunbaeva	Women's Consultation, Naryn

Appendix D
Contraceptive Technology Update Agenda

Day 1	Day 2	Day 3	Day 4	Day 5
Opening of the Seminar Warm-up Session	Overview of the Day Warm-up Session	Overview of the Day Warm-up Session	Overview of the Day Warm-up Session	Overview of the Day Warm-up Session
Introduction to Course: Objectives & Expectations Training Participants' materials	Topic: Physiology of Normal Menstrual Cycle Natural Family Planning Lactation Amenorrhea Method (LAM)	Topic: Progestin Only Contraception (POC) Mechanism of Action -Benefits -Limitations -Indications -Contraindications -Side Effects, complications, and their management -Instructions to a Patient	Topic: IUDs Mechanism of Action -Benefits -Limitations -Indications -Contraindications	Topic: STIs & Contraception
Overview of Day 1	Small Group Work	Small Group Work	Small Group Work	Syndrome Approach Introduction Definition Main characteristics, limitations, and benefits
Pre-Test Questionnaire	Topic: Combined Oral/Injectable Contraceptives (COC/CIC) Mechanism of Action -Benefits -Limitations -Indications -Contraindications -Side Effects, complications, and their management -Instructions to a Patient	Role Play Case Studies Video: Depo-Provera	Side Effects, complications, and their management Instructions to a Patient	Scrotal enlargement Pain syndrome Lymphatic nodules enlargement
Topic: Important Aspects of Reproductive Health and Family Planning Services			Small Group Work -Counseling on IUDs Case Studies Role Plays: -Counseling before and after abortion -Postpartum -IUD and pregnancy -Women of "Risk"	Small Group Work Symptomatic Approach towards STIs
Methods of Modern Contraception: Review				Diagnoses and Treatment Small Group Work
Lunch				

Appendix D
Contraceptive Technology Update Agenda

Day 1	Day 2	Day 3	Day 4	Day 5
Topic: Family Planning Counseling Main principles Main tasks of a FP Counselor Characteristics of an effective Counselor Steps of Counseling: -Primary -Concrete Method -Follow-up Visits Elements of “GATHER” Counseling a Client in Family Planning Work in Groups Summary of the Day Homework: Natural Family Planning LAM COC, CIC	Small Group Work Role Play Case Studies Discussion Summary of Day Homework: POC Barrier Methods	Topic: Barrier Methods Types, Kinds (Condoms, Spermicides) Mechanism of Action Benefits Limitations Indications Contraindications Competition between Participants (practice putting on condom) Demonstration of Video “Surgical Sterilization” Work in Groups: Case Studies on VSS Role Plays: Counseling on Barrier Methods and VSS Summary of the Day Homework: IUD	Video: Insertion and Removal of Copper T IUD Demonstration by Trainer Practice: Copper T 380A IUD Insertion and Removal on Zoe Model Summary of the Day Homework: STIs Infection Prevention	Brainstorming Session: “What do you know about AIDS and HIV?” Topic: AIDS, HIV, HB Topic: Infection Prevention Principles Objectives, targets Definition of terms Video: Infection Prevention Work in Groups: Tasks Post-test Questionnaire Evaluation of Course Closure

Appendix E
Contraceptive Technology Update Summary Statistics

Region	# of Courses	Dates	# of Participants	Pre-test Average	Post-test Average	Gender	Specialty	# of FGPs Trained	FGP Facilities Represented
Osh	13	April 19- June 11	112	56%	94%	Women – 75 Men – 37	Pediatricians – 59 Internists – 34 Gynecologists – 19	41	SUB – 38 SVA – 14 PC – 60
Djalal- Abad			90			Women – 69 Men – 21	Pediatricians – 41 Internists – 35 Gynecologists – 14	27	SUB – 14 SVA – 13 PC – 63
Talas	15	July 19- Aug. 27	105	49%	93%	Women – 81 Men – 24	Pediatricians – 42 Internists – 46 Gynecologists – 17	41	SUB – 23 SVA – 15 PC – 80 FAP – 1
Naryn			131			Women – 114 Men – 17	Pediatricians – 59 Internists – 55 Gynecologists – 17	50	SUB – 33 SVA – 15 PC – 80 FAP – 2 Maternity – 1
Chui	24	Sept. 6 – Oct. 22	446	54%	96%	Women – 340 Men – 37	Pediatricians – 155 Internists – 153 Gynecologists – 69	159	SUB – 111 SVA – 96 PC – 168 Maternity – 1 Women's Con.. –1
Bishkek City	21	Oct. 4- Nov. 26	370	52%	96%	Women – 129 Men – 2	Pediatricians – 53 Internists – 53 Gynecologists – 25	48	PC – 131
TOTAL	60	April 19 – Nov. 26	946	53%	95%	Women – 808 Men – 138	Pediatricians – 409 Internists – 376 Gynecologists – 161	366	SUB – 219 SVA – 164 PC – 557 FAP – 3 Other – 3

FAP: Rural Clinic staffed by nurse or midwife; SUB: Rural Catchment Hospital (lowest in-patient level); SVA: Rural Doctor Ambulatory Point (outpatient, lowest level staffed by doctors); PC: Polyclinic.

Appendix F
IUD Training Course Agenda

Day 1	Day 2	Day 3
<ul style="list-style-type: none"> -Introductions and welcome -Overview of the course -<i>Group exercise:</i> Taking the pulse of what we know -Overview of IUDs -Types of IUDs and their Differences -Mechanisms of action of Copper IUDs -Comparison of failure rates -Characteristics -Safety -Risk of PID -Perforations -Ectopic pregnancy risk -Expulsions -Screening -Contraindications to use -Side effects 	<ul style="list-style-type: none"> -Review of insertion steps -Practice checklist -Introduction to model practice - Meet Zoya -Setting up to maximize efficiency and minimize infection risk -<i>Model practice in small groups</i> -Counseling review GATHER CUE cards -<i>Case studies and role play of good counseling technique</i> 	<p>Continued model practice: Insertions, removals, and complications</p> <p>Clinical practice: one clinician and one observer for each case</p>
Lunch		
<ul style="list-style-type: none"> -Inserting Copper IUDs -General principles -Reducing risks -Timing of insertion: interval vs. postpartum -Reducing infection -Group exercise: what we should do, limitations to doing it -Overview of equipment - hands on review of equipment and its function -Insertion steps - practice on handheld model -Management of complications <ul style="list-style-type: none"> Perforations Cramping Heavy bleeding Missing strings Pregnancy STIs/PID Removing IUDs New IUDs- Gynefix and Mirena Questions and Answers Review of next day 	<ul style="list-style-type: none"> -Putting it all together: A complete client encounter and insertion -Small group mentoring on Zoya -<i>Individual evaluation by trainers</i> -Removing IUDs- Do's and Don'ts -Practice removing IUDs on hand held models and Zoya -Managing complications -<i>Group exercise case studies and demonstrations</i> -Questions and Answers -Review for the next day 	<ul style="list-style-type: none"> -Continued clinical practice -Postpartum and postabortion IUD insertion -Overview of procedure, demonstrations and model practice -Review of course -Questions and Answers -Course evaluation -Closing

Appendix G
IUD Training Course Participants

Name	Trainer or FGP Provider	Institution
1. Tamara Koshalieva	FGP Provider	Talas Oblast, Kara-Burinski Rayon, PC, FGP #3
2. Gulzad Nurumbetova	Trainer	Djalal-Abad Oblast, Healthy Family Women's Consultation Ctr.
3. Turdugoul Nyazalieva	FGP Provider	Issyk-Kul Oblast, Kara-Kol City, PC, FGP #12
4. Zhuldiz Turuskulova	FGP Provider	Bishkek, PC #15, FGP #3
5. Lena Israilova	FGP Provider	Bishkek, PC #3, FGP #7,8
6. Jipara Kilibaeva	FGP Provider	Bishkek, PC #6, FGP #7
7. Tatiana Matveeva	FGP Provider	Bishkek, PC #1, FGP #3
8. Elida Asanbekov	FGP Provider	Bishkek, PC #6, FGP #10
9. Dilara Yusupova	Trainer	Bishkek, Human Reproduction Center
10. Aelita Toktogulova	Trainer	Bishkek, Family Medicine Excellence Center
11. Bakhtygoul Umarakhunova	Trainer	Djalal-Abad Oblast, Healthy Family Women's Consultation Center
12. Saikal Bozeva	Trainer	Bishkek, Post-Diploma Training Center
13. Gulzad Orozalieva	Trainer	Bishkek, Marriage and Family Women's Consultation Center
14. Ainagoul Usenova	Trainer	Bishkek, Family Medicine Excellence Center
15. Sholpan Abdysatarova	Trainer	Bishkek, Human Reproduction Center
16. Baktygoul Bozgorpoeva	Trainer	NGO Healthy Generation
17. Chinara Asanalieva	FGP Provider	PC #6, FGP #1
18. Mashkhura Ishmukhamedova	FGP Provider	PC #6, FGP #11
19. Gulmira Tolubaeva	FGP Provider	PC #8, FGP #1,2
20. Jamilya Djoloeva	FGP Provider	PC #5, FGP #3

Appendix H
Equipment Distribution List

Location	Exam Beds¹	Dry Steam Sterilizers¹	Swivel Stools²	Exam Lamps/ 4 Bulbs³	IUD Insertion and Removal Kits⁴	Specula³	Scales⁵
Osh Oblast	103	46	103	103	103	310	103
Djalal-Abad Oblast	103	46	103	103	103	150	103
Talas Oblast ⁶	41	15	41	41	41	50	41
Naryn Oblast ⁶	40	10	40	40	40	57	40
Chui Oblast	98	26	98	98	98	138	98
Bishkek City	81	38	81	81	81	203	81
Issyk-Kul Oblast	74	19	74	74	74	92	74
TOTAL	540	200	540	540	540	1,000	540

¹ Gynecological examination beds and dry steam sterilizers were procured in Bishkek from the Uran Company.

² Swivel stools were procured in Bishkek from Kyrgyz Medtehnika.

³ Examination lamps, bulbs, and specula were procured in the US.

⁴ IUD insertion and removal kits contain the following: 5 specula (1 small, 2 medium, 1 large), 2 tenacula, 2 packers, 2 uterine probes, and 1 pair of scissors. The IUD insertion and removal kits were procured in Bishkek from Kyrgyz Medtehnika.

⁵ Weighing scales were procured on the local market in Bishkek.

⁶ Talas and Naryn Oblasts received additional equipment including thermometers, stethoscopes, and sphygmomanometers. These items were procured in the US.

Client IEC Materials

Location	Client Materials	
	Brochures	Posters
Osh Oblast	10,000	500
Djalal-Abad Oblast	8,500	400
Talas Oblast	5,600	100
Naryn Oblast	9,347	120
Bishkek City	6,563	280
Chui Oblast	8,590	400
Issyk-kul Oblast	8,400	200
TOTAL	57,000	2,000

Trainer/Provider IEC Materials

Many IEC materials were obtained for use in the SEATS/Kyrgyzstan activity. The majority of the following materials were reprinted in large quantities in Kyrgyzstan. The materials are listed by source to identify those organizations responsible for developing the materials.

Obtained from JHPIEGO

JHPIEGO's *PocketGuide for Reproductive Health and Contraception*, 2nd edition
 JHPIEGO's *Infection Prevention Handbook for Family Planning Programs*
 JHPIEGO's *IUD Handbook for Family Planning Programs*
 JHPIEGO's *Clinical Training Skills Handbook*
 JHPIEGO's IUD Video for Family Planning Programs
 JHPIEGO's Infection Prevention Video for Family Planning Programs
 JHPIEGO's CTU transparencies in Russian
 JHPIEGO's IUD Insertion and Removal training slide sets
 JHPIEGO's Post-Abortion Care Video

Obtained from JHU/PCS

JHU *Population Reports* on IUDs
 JHU *Population Reports* on Female Sterilization
 JHU *Population Reports* on Injectables
 JHU *Population Reports* on Quality of Care in Family Planning
 Sets of 10 method-specific cue cards for contraceptive counseling (JHU/PCS);

Obtained from AVSC

AVSC CTU slide sets in Russian

AVSC's "How To Plan Your Family" counseling flipcharts

Obtained from FHI

Numerous technical articles in Russian

NETWORK magazine in Russian

Obtained from IPPF

IPPF's *Bulletins* in Russian

IPPF Family Planning Manual in Russian

Other Materials

Kyrgyz CTU curriculum

"All about Contraception" (Kyrgyz and Russian) brochures adapted from Pathfinder/UNFPA

Progestin oral contraceptive cue card (SEATS)

GATHER counseling posters

Appendix J
Reproductive Health Training Resource Centers

Bishkek City

Human Reproduction Center, Aigoul Kongeldieva, Director
Post-Diploma Medical Training Center, T.Ch, Chubakov, Director
Family Medicine Excellence Center, Kylych Abdrakhmanov, Deputy Director
"Marriage And Family" Women's Consultation, Anara Doolotova, Director

Osh Oblast

Oblast Family Medicine Excellence Center, Begaim Akmatova, Director
Center For "Medical -Social Assistance To Family," Sairakan Jumalieva, Director

Djalal-Abad Oblast

"Healthy Family" Center, Bakhtygoul Umarakhunova, Director

Talas Oblast

Women's Consultation and FGPA, Janyl Umetalieva, Director of Oblast FGPA

Naryn Oblast

Women's Consultation, Turgan Orunbaeva, Deputy Director

Issyk-Kul Oblast

Oblast Family Medicine Excellence Center, Goolmira Ashirakhmanova, Director of Oblast FGPA

Appendix K
Monitoring & Evaluation Results Tables

Client Exit Interview
Osh and Djalal-Abad Oblasts
March and October 1999

DK = do not know NR = no response

#	Question	Baseline Result n = 301	Endline Result n = 300
1	Age	Of 301	Of 300
	Under 20	4.0% (12)	6.7% (20)
	20-29	43.8% (132)	42.8% (128)
	30-39	36.9% (111)	37.8% (113)
	40-49	14.0% (42)	11.0% (33)
	50 +	0.6% (2)	1.7% (5)
	missing	0.7% (2)	none
2	Number of children		
	None	11.0% (33)	12.4% (37)
	1	20.2% (61)	16.7% (50)
	2	22.9% (69)	25.4% (76)
	3	20.6% (62)	17.7% (53)
	4	15.0% (45)	15.7% (47)
	5	8.0% (24)	6.4% (19)
	6	1.0% (3)	4.0% (12)
	7 +	1.3% (4)	Incomplete Data
3	Are you using any contraceptive method at the present time? If no, skip to #17	Yes 62.5% (188) No 36.5% (110) NR 1.0% (3)	Yes 60.2% (180) No 49.8% (119)
4	If yes, which method?	Of 188	Of 180
	IUD	Yes 61.7% (116)	59.2% (106)
	COC	Yes 6.2 % (12)	10.0% (18)
	Injectables	Yes 9.0% (17)	16.2% (29)
	Condoms	Yes 21.8% (41)	8.4% (15)
	Spermicides	Yes 2.1% (4)	0.0
	Withdrawal	Yes 9.6% (18)	2.2% (4)
	LAM	Yes 5.3% (10)	2.2% (4)
	Calendar method	Yes 7.4% (14)	1.1% (2)
	Female sterilization	Yes 4.8% (9)	0.0
	Other	0.0	0.6% (1) natural

5	How long have you been using the method?	Incomplete	Incomplete
6	During this time have you experienced any side effects or problems? If no, skip to #9	Yes 22.5% (43/191) No 77.5% (148/191)	Yes 25.7% (45/175) No 74.3% (130/175)
7	What problems or side effects have you experienced?	Open	Open
8	Was the facility/doctor able to solve the problems or deal with the side effects?	Yes 55.8% (24/43) No 44.2% (19/43)	Yes 76.1% (35/46) No 23.9% (11/46)
9	Before using this method, did you use another method? If no, skip to #12	Yes 54.5%(102/187) No 45.5%(85/187)	Yes 43.9% (79/180) No 56.1% (101/180)
10	Why did you decide to change your old method of contraception and use the present method?	Incomplete data	Incomplete data
11	When you first received your current method, was it the method you wanted to receive when you came to consult the doctor?	Yes 89.9% (80/89) No 10.1% (9/89)	Yes 95.7% (88/92) No 4.3% (4/92)
12	Are you satisfied with the method recommended to you today? If yes, skip to #14	Yes 90.8% (79/87) No 9.2% (8/87)	Yes 95.7% (88/92) No 4.3% (4/92)
13	If not, why do you think you did not get the method you wanted?	Incomplete data	Incomplete data
14	Was the use of the method/s explained to you carefully?	Yes 83.7% (72/86) No 16.3% (14/86)	Yes 87.4% (83/95) No 12.6% (12/95)
15	Were you given information about other methods of contraception?	Yes 67.0% (59/88) No 33.0% (29/88)	Yes 90.4% (85/94) No 9.6% (9/94)
16	Were you given an appointment for another visit?	Yes 63.9% (53/83) No 28.9% (24/83) DK 7.2% (6/83)	Yes 75.5% (71/94) No 18.1% (17/94) DK 6.4% (6/94)
17	During your visit today, did you get answers to all the questions on contraception that were of interest to you?	Yes 80.7% (239/296) No 19.3% (57/296)	Yes 96.8% (275/284) No 2.8% (8/284) DK 0.4% (1/284)
18	Did the doctor explain to you the methods for protecting against AIDS and sexually transmitted diseases?	Yes 68.6% (203/296) No 22.3% (66/296) DK 9.1% (27/296)	Yes 79.2% (229/289) No 14.9% (43/289) DK 5.9% (17/289)
19	Do you feel that you got the information and services you wanted today?	Yes 90.5% (268/296) No 1.4% (4/296) Some 5.4% (16/296) DK 2.7% (8/296)	Yes 97.3% (249/256) No 1.6% (4/256) Some 0.4% (1/256) DK 0.8% (2/256)
20	During the consultation, was it easy to understand the doctor or not when he was explaining various things to you?	Yes 91.9% (271/295) No 3.7% (11/295) DK 4.4% (13/295)	Yes 95.2% (275/289) No 2.1% (6/289) DK 2.8% (8/289)

21	Does this institution meet health and sanitation requirements?	Yes 91.2% (268/294) No 8.8% (26/294)	Yes 98.8% (256/259) No 1.2% (3/259)
22	In your opinion, was the issue of privacy given sufficient respect during the consultation?	Yes 89.8% (265/295) No 7.5% (22/295) DK 2.7% (8/295)	Yes 87.1% (250/287) No 8.4% (24/287) DK 4.5% (13/287)
23	Would you support the idea of having your friends get advice and services at this facility?	Yes 87.5% (258/295) No 1.7% (5/295) DK 10.8% (32/295)	Yes 92.6% (274/296) DK 7.4% (22/296)
24	Will you come back to this FGP for family planning advice and services?	N/A	Yes 81.8% (238/291) No 8.2% (24/291) DK 10% (29/291)
25	If you received family planning services at this FGP more than a year ago, do you think the services have changed since that time?	N/A	Yes 43.2% (124/187) No 7.0% (20/187) DK 23.0% (66/187) NR 26.8% (77/187)
26	What would you suggest to improve family planning services at this FGP?	N/A	Open

Open-ended Endline Results:

#	Question	Endline Responses
7	What problems or side effects have you experienced?	Back pain (13) Changes in menstrual cycle (11) Bleeding (6) Vomiting (5) Uterine pain (3) Kidney pain (2) Pain using condoms (1) Felt the IUD (1) Bladder pain (1) Weight gain (1) Headache (1)
8	Was the doctor able to solve the problem or deal with the side effect? Why not?	Received treatment, but side effects continued (2) Doctor said client was very sensitive and the pain would go away (2) I carry heavy things, therefore the treatment did not work (1) Situation normalized without help (1) Didn't visit the doctor (1)
10 & 13	Incomplete data	

19	Do you feel that you got the information and services you wanted today? No, Why not?	Doctor at lunch (2) Too little time (1) Male doctor (1)
	Some, but not enough. Why?	Male doctor (1)
24	Will you come back to this FGP for family planning advice and services? If no, why not?	I am too old (6) No man in my life (4) I am fine – no need (4) I don't use contraception and am not pregnant (3) Feel good, no gynecological problems (2) Will visit an FGP closer to home (1) Doctor makes house calls (1) I am pregnant and after birth I will use LAM (1) Don't want more children (1)
25	If you received family planning services at this FGP more than a year ago, do you think the services have changed since that time? Yes, how?	More attention/counseling on family planning (41) Doctors make house calls to examine/counsel (34) Free drugs (23) Improved equipment (8) Family planning information available for population (8) FGPs invite women for consultations (6) Services are available for a woman and her family in the same location (2) Treat anemia (1)
26	What would you suggest to improve family planning services at this FGP?	Provide detailed information on contraception (38) Provide free contraceptive supplies and services (24) Need more equipment, and supplies, ultrasound (20) Good knowledge of training and counseling (18) More house calls and counseling (18) Provide good exams and treat women well (14) Doctors should be more attentive (13) Train men on family planning and STIs (8) Provide IEC on TV and brochures (7) Give more attention to the health of the population (6) Invite women to FGPs often (2) Provide services for adolescents with doctors focus only on adolescents to help reduce 'gossip' (3) Discuss things individually (3) Receive contraceptive methods on time (2) Doctor must love the profession (1) Discuss nutrition (1)

Baseline: Contraceptive Technology Update Pre and Post-test – April-June 1999

Endline: Provider Survey – October 1999

The endline sample is a sample of convenience. All questions are multiple-choice questions. The questions are part of the pre and post-test in the original national family planning curriculum. The exact same questions were used for both the baseline and the end line. Individual FGP physicians completed the written survey without assistance from others.

Population surveyed: FGP providers in the pilot rayons of Osh and Djalal-Abad Oblasts.

General information about the Endline participants:

- 100% attended SEATS CTU training
- Specialties: 40% pediatricians
34% internists
26% gynecologists
- 94% have delivered family planning services in the last three months. Those who have not provided FP services reported that it was not within their realm of responsibility, or were on vacation or maternity leave.
- 64% provide FP services daily, 21% more than three times a week, 13% less than three times a week

#	Question	Correct		
		Baseline Pre-test n = 202	Baseline Post-test n = 204	Endline n = 100
6	When a woman begins using COC for the first time, she should start taking the first packet during the first 7 days of the menstrual cycle.	40 % (80)	86% (175)	66%
7	If a woman forgets to take two or more COC pills she should take two pills until she catches up to the previous schedule.	64% (129)	100% (204)	89%
8	A COC user should immediately consult a doctor in the event of...all of the above (severe pains in the lower part of the abdomen or pelvis/strong headaches, dizziness, general weakness/strong aches in the lower limbs).	56% (114)	98% (199)	86%
9	Prior to injecting DMPA, the medical worker should make sure that the woman does not have non-diagnosed vaginal bleeding.	58% (118)	95% (194)	87%

10**	What is the most appropriate time for IUD insertion?	24% (49)	91% (186)	25%
11	IUD should not be used by women who have a history of STIs or pelvic inflammatory disease.	68% (138)	96% (195)	73%
12	If the condom breaks during intercourse, a woman should consult her doctor as soon as possible, who can recommend an emergency contraceptive method.	49% (99)	97% (197)	85%
13	Signs of possible STIs in a woman are...all of the above (vaginal discharge/genitalia ulcers/pain in the lower abdomen).	68% (138)	98% (200)	89%
14	How can a sexually active person protect herself from HIV/AIDS? By using a condom for every sexual contact.	90% (181)	99% (203)	97%
15	Who has the right to choose a family planning method for a female patient? The woman herself.	45% (91)	94% (191)	88%
	Total Average Correct	56%	95%	79%

** After investigation, it appears that question #10 was worded poorly and misunderstood by the FGP physicians. Therefore, this result is not reliable.

Counseling Observation Results
Osh and Djalal-Abad Oblasts
There is no baseline data to compare.

#	Observation N = 72	Satisfactory	Unsatisfactory	Not Observed/Not Clear
1	Greets client respectfully and with kindness	97.2% (70)	0.0%	2.8% (2)
2	Assures privacy during counseling	94.4% (68)	5.6% (4)	
3	Responsive to client's concerns and questions	86.1% (62)	5.6% (4)	8.3% (6)
4	Asks client if she has preferred method	76.4% (55)	13.9% (10)	9.7% (7)
5	Client receives chosen method	83.3% (60)	12.5% (9)	4.2% (3)
6	Provides accurate information on benefits and risks of selected family planning method	47.9% (34)	39.4% (28)	12.7% (9)
7	Provides accurate information on side effects	50.0% (36)	34.7% (25)	15.3% (11)
8	Invites the client to ask questions	75.0% (54)	6.9% (5)	18.1% (13)
9	Assures that the client knows when to return to the clinic for follow-up	76.4% (55)	12.5% (9)	11.1% (8)
10	Obtains/reviews reproductive and STI history and risk factors	59.7% (43)	36.1% (26)	4.2% (3)
11	Assures privacy during examination	33.3% (24)	0.0%	66.7% (48)
12	Confirms client understands how to use the method – which method?	87.5% (63)	6.9% (5)	5.5% (4)

Open-Ended Results:

#	Observation N = 72	Unsatisfactory	Why?
1	Greets client respectfully and with kindness	0.0%	N/A
2	Assures privacy during counseling	5.6% (4)	Other medical staff present (4)
3	Responsive to client's concerns and questions	5.6% (4)	Attention not paid to client's problems (3)
4	Asks client if she has preferred method	13.9% (10)	Second visit (4) Doctor imposed method of contraception (5) Doctor did not ask the client's opinion (4)
5	Client receives chosen method	12.5% (9)	Contraindicated (4) Client changed her mind (5)
6	Provides accurate information on benefits and risks of selected family planning method	39.4% (28)	No detailed information provided (26) No information about advantages and disadvantages provided (4)
7	Provides accurate information on side effects	34.7% (25)	No detailed information of side effects provided (19) No information at all (5) Doctor did not know about the method (1)
8	Invites the client to ask questions	6.9% (5)	Doctor did all the talking (3) Doctor did not ask questions (3)
9	Assures that the client knows when to return to the clinic for follow-up	12.5% (9)	Did not ask the client to return for a 2 nd visit (10)
10	Obtains/reviews reproductive and STI history and risk factors	36.1% (26)	Full analysis not completed (27)
11	Assures privacy during examination	0.0%	N/A
12	Confirms client understands how to use the method – which method?	6.9% (5)	Client did not chose method (2) Doctor did not appear interested in whether the client understood or not (2)

12 Continued	Confirms client understands how to use the method – which method?	Which Method?	Result
		Barrier method	8.7 % (6)
		IUD	23.2% (16)
		Depo-provera	29.0% (20)
		LAM	17.4% (12)
		COC	18.8% (13)
		Calendar method	2.9% (2)

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